



**ORAL HISTORY PROJECT**

# **Dewey A. Sehring**

**Interviewed by  
Lawrence Gartner, MD**

April 15, 2009  
Blacklick, Ohio

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Preface	i
About the Interviewer	ii
Interview of Dewey A. Sehring	1
Index of Interview	99
Curriculum Vitae, Dewey Sehring	103
SSPR Presidential Symposium, 1990	107
APA Armstrong Lecture, 1997	119



## **PREFACE**

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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## **ABOUT THE INTERVIEWER**

Lawrence M. Gartner, MD

Lawrence M. Gartner was born and grew up in Brooklyn, New York. His undergraduate education was at Columbia University, followed by medical education at Johns Hopkins University, where he received his medical degree in 1958 and pediatric internship from 1958 to 1959. Returning to New York, he continued his pediatric residency at the Albert Einstein College of Medicine, where he was Chief Resident in Pediatrics from 1961-62. He continued at Einstein, doing a fellowship in hepatology, neonatology and research. In 1964 he became a faculty member, rising to Professor of Pediatrics and Director of the Divisions of Neonatology and Gastroenterology and of the Pediatric Clinical Research Center. During this period he carried out a major research program in neonatal bilirubin metabolism. In 1980, he became Professor and Chairman of the Department of Pediatrics at The University of Chicago and Director of Wyler Children's Hospital. In 1998, Dr. Gartner retired from the University of Chicago. He now lives and works from his ranch in Valley Center, California (San Diego), continuing lecturing and writing in neonatal jaundice, breastfeeding and history of neonatology.

In 1956, he married Carol B. Gartner, who subsequently became Professor of English at Purdue University and Dean of the College of Arts and Sciences at the Calumet campus. She also writes and lectures on the history of medicine, sometimes with her husband. She also assists in the oral history project, with specific responsibility for the video recording and photographs that accompany each oral history. They have two children, Alex Gartner, a movie producer, and Madeline Gartner, a breast and endocrine surgeon.

## Interview of Dewey A. Sehring

DR. GARTNER: This is tape one, starting the oral history of Dewey A. Sehring. We're here in Mr. Dewey Sehring's home in Blacklick, Ohio, near Columbus, Ohio, on April 15, 2009.

Dewey, you've been a very important contributor to the development of neonatology, both in the United States and elsewhere, and thus have the distinction of being the first non-pediatrician to be interviewed as part of the American Academy of Pediatrics, [Section on Perinatal Pediatrics,] neonatology Oral History Project. Thank you for agreeing to be interviewed. There are 3 major goals that we have for this oral history today: First, we want to know something about you, your early life, your education, your career, and your family; second, we want to record for future researchers your contributions to pediatrics and, especially, to neonatology; third, this is a neonatology oral history because we're interested in understanding how the field of neonatology developed and documenting its major achievements.

Many of the neonatologists that I have interviewed have commented that you made many very important contributions to the development of neonatology, both personally and through the efforts of Ross Laboratories. We want to talk about your role in this field, how you became involved, and your memories of how the field began and developed, as well as how you and Ross Laboratories contributed to this effort.

Please relax and enjoy a day of reminiscence. We will start with personal history. Tell me first about your origins. Who are your parents, ancestors? Where were you born? Do you have siblings? What was your family life like? What was your early schooling?

**MR. SEHRING:** Well, I was born in Brooklyn, New York in 1929. I lived in Brooklyn, apparently for 6 months, and then moved to Queens, East Elmhurst. East Elmhurst, for those who don't know where it is, is close to LaGuardia Airport, which at that time was called North Beach Airport. My father was a New York City policeman, as was one of his brothers. I went to PS [Public School] 127 grade school, which was not far from where we lived. We owned a home there. It was a 2-family home, so we rented out part of the property. By the way, the new [United States] Attorney General, Eric Holder, went to PS 127, [laughs] which I find interesting because that's a long time ago.

**In grade school, New York City had a very interesting program called “rapid advance.” So after I started out in 1A-2, which is the lowest of grades, they switched me fairly quickly to 1A-1. The reason they had it was to put students in different classifications. But I skipped a grade because of that program. And well, I went to school; learned typing in school, learned how to do needlepoint, and played in the band.**

**I had a brother who was about 4 or 5 years older than I am. He is deceased now, and he was a New York City detective when he finished being in the [US] Air Force. The police department had a group called the Honor Legion Boys’ Band, and my brother and I both got involved. We were given instruments: I was given the clarinet, my choice because I was a big fan of Benny Goodman and went to those shows on weekends at The Paramount [Theatre], or [The] Strand, or Capitol Theatre, where part of the show was the band and the other half was the movie. My brother elected to play the trombone because of Glenn Miller. And so it was very interesting to be in the band. We marched in the Saint Patrick’s Day Parade.**

**We stayed there until about eighth grade — or I did, until eighth grade. My father wanted to relocate. We sold the house. I spent my last year living with my grandmother and step-grandfather; they ran a bakery shop in Astoria and then in East Elmhurst. My grandmother was married before to an artist, and his name was Kupka and he did some excellent paintings. I’ve given some to my sons, and my brother’s daughters have some of the beautiful oil paintings.**

**But we moved, as I said, to Jamaica, off of Union Turnpike, next to Cunningham Park in Queens. And I then went to Jamaica High School. I was young at the time. I was thin. I grew to about 6’5”. I went out for the basketball team, probably as a junior. Didn’t make it, but the coach said I’d probably play in college because the other boys were stronger and older. And I had pretty much learned to play at Cunningham Park with some older kids. Went into high school at age 16 — I would have been 16 in September of that year. No, I guess I would have been 17 on the 25<sup>th</sup>, but I entered at age 16 and also played in the band and orchestra.**

**You know, I had a good time in high school, loved where we were living, and had a lot of friends. Played basketball in the Long Island Daily Press League. Played against Bob Cousy, who was in that league. And then as I said, I went into college. And Queens College, of course, you could enter if**



**you had a certain grade average. By the way, girls had to have a higher grade average than boys.**

**DR. GARTNER:** Did they really?

**MR. SEHRING:** And by probably about 5 points. So I went to Queens. Of course, I don't think my father and mother could afford my going elsewhere. And, actually, the faculty was outstanding at Queens.

**DR. GARTNER:** Good college.

**MR. SEHRING:** It was one of the city colleges of New York — CCNY [The City College of New York]; Brooklyn [College]; Queens. I decided I wanted to play basketball. I was a science major — chemistry, biology — and I probably had in mind I wanted to be a physician. I wanted to play basketball, and I couldn't do both because the labs were conducted very late in the afternoon, and I was unable to manipulate the schedule. I guess that was the reason for not joining the band; I couldn't do all 3 things.

I went out for the basketball team, made the basketball team, played 4 years at Queens — we did pretty well. I can remember my junior and senior seasons: We were 15 and 7 both seasons. We played teams like Hofstra, Wagner [Seahawks], Iona [College Gaels], etc. I averaged 15 points a game as a senior. I think I was in the city league; I made the second team of all-stars.

I met my future wife, who was an education major at Queens. And when I graduated, the question was: could I get into medical school. I had an uncle who at the time was president of the Ward Baking Company. His son was a physician, a general practitioner in Lynbrook. And I don't know how we talked about this, because we weren't in contact much with my uncle McLaughlin, but my grandmother Sehringer, lived with him; along with my aunt, my father's sister. But we made the contact, and one day I went down to the offices on Fifth Avenue. My uncle had connections with people at Bowman Gray School of Medicine in Winston-Salem, North Carolina. I was criticized for wearing my sweater with my varsity letter on it into a business office [laughs], and I learned a lesson. I made the connection to go to work for a Dr. Thomas [T.] Mackie, who had written the manual on tropical medicine [*A Manual of Tropical Medicine*] for the military.

The idea was to work in his laboratory at the [North Carolina] Baptist Hospital and the next year I would enter the medical school. And so that was the situation. I moved into an apartment in someone's home and worked in the laboratory doing stool samples, looking at returning veterans who may have dengue fever or whatever. The idea was at one point to go to one of the tropical islands — I think in the Caribbean — where dengue fever was a problem. I had no difficulty with the work. The people in the lab were very helpful, nurses and so forth, and Dr. Mackie was very kind, but I developed shingles. Herpes zoster. [Laughs] So I had to go back home.

Today, whenever I mention shingles, I can feel that painful itch around my waist. And they used to say at that time, if it went totally around your waist, you were dead. [Laughs] They didn't have any treatment for shingles, really.

I was in love with a girl back at Queens College who was still in school, and I decided not to continue working hundreds of miles away. But what do you do with a bachelor of science, pre-med degree if you don't go into medicine? Well, you think of the pharmaceutical industry. I said, "Well, all right, I'll go back and look for a job with one of the companies." And I did go back. I had had a nice relationship with the Bowman Gray people I was leaving, and they understood.

After recuperating back home I went to work for Sears, Roebuck [and Co.] While I was in college going to school, I had a part-time job at with them, so I knew the sales people. The store was in Jamaica on Hillside Avenue, near the subway stop. I worked in their complaint department, all in the meantime making contacts with possible employers in the pharmaceutical industry. Well, Dorothy Graz, my fiancée at this point, arranged for a cheap date and got tickets to a television program. We had never done this before, but the name of the television program was "Break the Bank." It sounded like an exciting possibility. The host, or emcee, of the program was Bert Parks. His colleague was Bud Collyer, who was the warm-up host.

DR. GARTNER: Right.

MR. SEHRING: So one night we get on the subway on Hillside Avenue. We go into Manhattan, and we arrive late at the television theater. As we're walking in, someone comes running up to us and says, "Would you like to be on the program?" "Well, why not?" [Laughs] "You may not get on it tonight, but we want you to sit over in a particular section." So we sat down

near the stage, and then suddenly we're called. All this is taking place when these quiz shows prepared contestants with a few answers ahead of time.

DR. GARTNER: Oh yes. Yes.

MR. SEHRING: So a producer came over to us and said, "You're on. You're first on tonight." And they had asked for some background, so they knew my background and they knew I was looking for a job, and they gave this information to Bert Parks. So we got onstage, and the category is "The Little Things in Life." Well I'm 6'5" and Dorothy's 5'10" — why do you think they chose us to be on? Early television humor. [Laughs] So we were asked a number of questions. Dorothy is an English major and answered some of the ones that came up for her, like, "Who wrote *Little Women*?" Between time, Bert Parks is making jokes about my background, you know, sort of medical jokes in a sense.

DR. GARTNER: About your work in parasitology?

MR. SEHRING: Yes. My question — the one I failed at — was: What is the name of the battle where these 2 rivers meet? And I think he may have said where [George A.] Custer fought the battle. And I said, without thinking, "The Battle of Little Creek." Well, it turned out to be the Battle of [the] Little Bighorn. [Laughs] But, typical of me, Dorothy would tell you, I answer before I think. So we won \$400, which was meaningful. The next day I was back at Sears, Roebuck in the complaint department, and I got a call from the studio where the show was. They said, "This gentleman has been trying to contact you about a job."

Well, it turns out this gentleman was a regional manager for M & R Dietetic Laboratories and he had been watching the program and decided I had a background that suited a sales position. I was, what, at that stage, 20? Probably 20. And he wanted to interview me. So we set up some interviews. It wasn't one of these "I'll see you and hire you" — I met with him I think 3 times before he did hire me. His name was Herb Sackett. I went out to Columbus where they had a 2-week training program for new salespeople. This was a position in sales, and they gave you a car. And I think the salary at that time was about \$300 a month. My father, by the way, had been retired by this time. He was getting a pension of \$300 a month. He had gone to work for Drake Bakeries as a second job. And I don't know if you remember Drake Bakeries, but —

DR. GARTNER: Yes, I do.

[Laughter]

**MR. SEHRING: Yankee Doodles and different things.**

DR. GARTNER: Little packaged —

**MR. SEHRING: Very popular. Very popular. My brother had gone into the service by this time, into the Air Force. And probably earlier than that.**

MRS. GARTNER: What was the date? Or what year, more or less?

**MR. SEHRING: This would have been probably 1951. I think he had been in the Air Force before that because he had come back and gone to Adelphi [University] for a while in college before he joined the police department — the New York City Police Department. So I took this job with M & R Dietetic Laboratories. You know, I felt pretty good about it. We got married. We lived with my mother and father for a while in Jamaica. My territory was part of Connecticut and Westchester County. Not too much after that we moved to Norwalk, Connecticut into an apartment. That made it more convenient both for Westchester County and going to different physicians' offices in Connecticut. By the way, I may have covered for a representative for a while in the Bronx, too. They were hiring a new representative. I may have called on Albert Einstein at that time.**

DR. GARTNER: I was going to say, do you remember the name of the representative in the Bronx?

**MR. SEHRING: I'd have to hear it.**

DR. GARTNER: I can't remember his name. [Laughs]

**MR. SEHRING: I'd have to hear it. But the key to being in the part of Connecticut I was in was having Yale medical school [Yale School of Medicine] as part of my territory. And Ross — it wasn't Ross at the time, but it was M & R Dietetic Laboratories.**

DR. GARTNER: What does M & R stand for?

**MR. SEHRING:** [Harry C.] Moores and [Stanley Melvin] Ross. The founders. They had a milk company out in Columbus, and they were good citizens. Moores I really didn't know. I knew the Ross brothers, Dick [Richard M. Ross] and [Stanley] Melvin [Ross]. But anyway, the key for me was being young, being new, having Yale and all its plaudits available to me. And by that I mean Dr. Grover [F.] Powers was a big name in pediatrics.

DR. GARTNER: Yes, indeed.

**MR. SEHRING:** A Howland awardee, Dr. Dan [Daniel Cady] Darrow, was there. And one thing I should mention, when I'm with physicians as a group, I don't call physicians by name — by their first name — even though I know many of them by that. It's something I guess I learned as a certain courtesy and respect. Dr. Darrow was there, Dr. Bob [Robert E.] Cooke was there. The house staff was an outstanding house staff. I have a little difficulty remembering all the names. Pediatrics was expanding and other medical schools were being added. At the time that I was around it was [Johns] Hopkins [Hospital], it was Children's [Hospital Boston] in Boston, it was Yale, Cornell, Columbia. Those were the big institutions.

DR. GARTNER: Yes.

**MR. SEHRING:** But then pediatrics just grew. I became very good friends with the house staff, the fellows, Dr. Darrow. Milton [J. E.] Senn had just come in as the new chairman. Then I had the good fortune of getting to know 2 practitioners in Stratford, Connecticut: Dr. Richard Olmstead and Dr. Donal Dunphy, both Yale graduates under Dr. Powers. I would call on them, and here was this 20-21 year old; they just took me aside. I was able to tell them a little about the product. Similac was not big at that time, certainly not for premature infants, because Yale was noted for feeding the high protein feedings at that time.

DR. GARTNER: Yes.

**MR. SEHRING:** But Dr. Dunphy and Dr. Olmstead gave me, I think, a feeling about pediatrics — or a history about pediatrics. And everywhere I'd go, I'd meet another Yale person, even in Norwalk, Connecticut: You've got to meet Dr. Powers. You've got to meet Dr. Powers — who was, as I say, retired! Well, once I called his home and said, "I've been encouraged to meet you, Dr. Powers," and visited. And he was so gracious. I can't remember what we talked about, but he was just so kind to bring me into his home.

**And while we were in Connecticut, our firstborn, Christopher [Sehring], arrived. And 18 months later while we were in Norwalk, Connecticut, Dorothy became pregnant again. By this time we had bought a home, a small ranch house. It might be noteworthy to say it cost \$13,500 at that time. [Laughs] On Rock Hill Road. But very nice. No basement; radiant heating in the floor, which people probably never heard of! [Laughs] Our obstetrician used the hospital in Stamford, Connecticut: St. Joseph's Hospital. But he was a very outstanding obstetrician, and I had learned about these people as I was calling on pediatricians.**

**DR. GARTNER:** Right.

**MR. SEHRING:** Well, the significance of that event was that Dorothy was Rh-negative. Our second child, Jenifer [Sehring], was born and we were going to a pediatrician who used St. Joseph's Hospital in Stamford. We weren't using Dr. Jim [James V.] Minor, who was our Norwalk pediatrician. We went to a pediatrician named Ralph Tella: T-E-L-L-A. And the baby was born. Dr. Tella tells me the baby is Rh-positive; Dorothy is Rh-negative. And the Ross Conference on erythroblastosis fetalis, which I think was our third conference, had just come out — Dr. Lou [Louis K.] Diamond chaired. So Dr. Tella said to me, "I want to transfuse your baby." And I'm going to get confused with the saphenous vein and the other vein.

**DR. GARTNER:** Yes. Right.

**MR. SEHRING:** Dr. Diamond said, "There is not a total agreement within the pediatric community at our hospital." He had known I had just read the conference.

**DR. GARTNER:** And what year was this?

**MR. SEHRING:** Jenifer was born in 1954, I think. Because Christopher was born in 1952. So I said, "Dr. Tella, you're my pediatrician. Whatever decision you want to make, I go along with." He transfused Jenifer. It was a few days after she was born.

**DR. GARTNER:** An exchange. An exchange transfusion.

**MR. SEHRING:** Exchange transfusion.

**DR. GARTNER:** Yes.

**MR. SEHRING:** So they had to use the — I'm going to say saphenous.

DR. GARTNER: Umbilical vein.

**MR. SEHRING:** Umbilical vein.

DR. GARTNER: I think. [Laughs]

**MR. SEHRING:** But I met a pediatrician in Buffalo, who was a fellow named Dr. Doug (Douglas) Arnold, a very senior man who said he published a paper and they used the saphenous.

DR. GARTNER: Yes. There were other veins used, yes.

**MR. SEHRING:** Okay, okay!

DR. GARTNER: But the more common — the one that Lou Diamond used — was the umbilical. [Laughs]

**MR. SEHRING:** Well I know that because he was disagreeing with Dr. Diamond. And that's a very important thing to remember, that we had this problem. Because our next 3 children were all, I'm going to say, prophylactically transfused.

DR. GARTNER: Oh. But they were all affected? They were all Rh-positive, and they were all affected?

**MR. SEHRING:** Oh yes, they were all Rh-positive.

DR. GARTNER: They would have been Rh-positive, the boys.

**MR. SEHRING:** Oh yes, Dorothy was Rh-negative; the children were Rh-positive.

DR. GARTNER: Right.

**MR. SEHRING:** So we went through that. And then, I was doing pretty well with Similac as a formula. Why? Well I was calling on people, and I was competing with Mead Johnson [& Company] because they were Dextri-Maltose and adding it to evaporated milk.

DR. GARTNER: Right.

**MR. SEHRING:** But I was doing well, and I think my sales went up to \$90,000, probably from a baseline of \$5,000. So in 1956 — I had been there about 4 years, in that area — I was made a district manager, and the district was based in Buffalo, New York, where there was a medical school. Part of my territory was upstate New York, Vermont, and the border counties of Pennsylvania. So here I was as a district manager, probably at age — what am I now? — maybe 24, 25. Buffalo: We go up there and rent. So many things come to mind. Who comes up and moves next to us, to head the outpatient department? Dr. Donal Dunphy with his 3 children. [Laughs] And they lived next to where we had an apartment. That wasn't right away, but within a year, I would say. But make note of the fact that there was the medical school in Buffalo where Dr. Mitchell [I.] Rubin was chairman, and Dr. Phil [Philip L.] Calcagno, his associate.

DR. GARTNER: Right.

**MR. SEHRING:** In Rochester was Dr. William [L.] Bradford. In Syracuse — I think at the time, I'm pretty sure — Dr. Julius Richmond, who later on gets a big government job.

DR. GARTNER: Yes, that's right. That's right.

**MR. SEHRING:** In Albany, Dr. Paul [R.] Patterson. I don't remember how long he stayed there. But in Burlington, Vermont, Dr. Jim [R. James] McKay, Jr., and a fellow named Lucey. [Laughs]

DR. GARTNER: First name? [Laughs]

**MR. SEHRING:** Dr. Jerold [F.] Lucey.

DR. GARTNER: Jerry. [Laughs]

**MR. SEHRING:** And of course, even though I had a select group of physicians in the Buffalo area to call on, my main contacts were at the medical school and Children's Hospital [of Buffalo]. And then I would visit periodically with the representatives in each of those areas that I mentioned: Rochester, Albany, Syracuse, and Burlington, Vermont. And I got a chance to meet these people, and other people.



DR. GARTNER: How many representatives did you have working for you?

**MR. SEHRING:** Well, I had one in Buffalo; one in Rochester; one in Syracuse; one in Albany; and I think the Albany individual covered Vermont. So that was about 5, I think.

DR. GARTNER: Five.

**MR. SEHRING:** That's always a problem, you know: hiring people, trying to get good people. But it was, again, a very wonderful experience. We did have 2 other children born there. Dr. George [H.] Selkirk was the expert in exchange transfusion. There was a [Norman E.] Shumway there, but he didn't do the exchanges. I'm sorry, Tim [Thomas K.] Oliver, [Jr.,] was there.

DR. GARTNER: Oh!

**MR. SEHRING:** Tim Oliver was there.

DR. GARTNER: In Buffalo.

**MR. SEHRING:** In Buffalo. And we lived there until 1962. And it was just wonderful. You may know I got the Vermont "Great Guy" Award.

DR. GARTNER: Yes.

**MR. SEHRING:** But I don't know if I got it while I was there; I think I got it afterwards. But I had become a friend of Dr. Lucey as well as Dr. McKay. In 1962, Dr. Jack [Lloyd J.] Filer, who trained at Rochester, was the medical director at Ross Laboratories. Dr. Filer did a lot of research on vitamin E metabolism. Just a wonderful person. And so he wanted an assistant. They didn't want to hire an MD, so they brought me in to assist Dr. Filer in handling requests from the representatives and so forth. While I was in Buffalo, I didn't have to go and ask Dr. Filer many questions because I had all the people I needed, in my district, to ask. And he knew that. He knew I knew all these people because he'd meet them at meetings and they'd say something. I became very good friends with Dr. Calcagno. There was sort of a rivalry at the time, I thought, between Drs. Rubin and Calcagno and Dr. [Henry] Barnett and — was it Chad [Chester M.] Edelman?

DR. GARTNER: Yes, yes.

**MR. SEHRING:** Yes. I remember. But I say rivalry; I don't know why. I just sensed something. [Laughs] Their area of interest was kidney: renal function.

DR. GARTNER: The kidney, yes. Right.

**MR. SEHRING:** Delightful people. And Dave [David] Cox, who was the general manager of Ross Laboratories, and I guess he was vice president at that time. He was a very good friend of Dr. Barnett and Dr. Charlie May [Charles D. May].

DR. GARTNER: Oh, Charlie May, right.

**MR. SEHRING:** He had some very good contacts of his own.

DR. GARTNER: Right.

**MR. SEHRING:** And Dave, whose brother Warren [M. Cox, Jr.] was head of R&D [Research and Development] at Mead Johnson.

DR. GARTNER: Oh, yes.

**MR. SEHRING:** Dave couldn't get a job at Mead Johnson, so they referred him to M & R Dietetic Laboratories, and he rose up there. And I'll tell you, quite frankly, Dick Ross was a wonderful person. And he became president of Ross after Melvin, his brother. But Dave Cox was the person who created the Ross image of things, working with the medical community. So I, as an assistant to Jack Filer, was also an assistant to Dave during that period. And along the way, I established this department of professional services. Dave was the person who was the contact of the academic community and saw the vision for the Ross Conferences. Dr. Allan [M.] Butler — again, a Howland awardee — was the one who had recommended, I believe, the conference program to Dave. And I think Dave saw in me an extension of himself, so he gave me a lot of leeway.

DR. GARTNER: That was very nice.

**MR. SEHRING:** He gave me a budget. And, of course, I was within the medical department, so I wasn't responsive to sales and any sales gimmicks

or anything like that. I was independent of all that. And after a few years of heading that department and doing a number of things relative to the different medical societies, whether it was family practice [American Academy of Family Physicians], or National Medical Association — which was the black medical association, and they had a subdivision of pediatrics — or the American College of OB/GYN [Obstetricians and Gynecologists], and so many others: the AAP — the American Academy of Pediatrics; the APS — American Pediatric Society/Society for Pediatric Research.

DR. GARTNER: [Society for] Pediatric Research — SPR. Right.

MR. SEHRING: They're all coming back to me. [Laughs] But I was the liaison, you might say. And then, at some point, one of the MD pediatricians that ran the Ross Conferences left. He went to Abbott Laboratories. Abbott bought us in 1964. So by this time, we were now part of Abbott, and really a very successful part of Abbott, financially. By this time we had become Ross Laboratories, named after the Ross family. I was asked to become the director of the Ross Conference program. I forget which number conference. But I took over, and that certainly was an honor. But again, the reason was the extent of the academic community that I had become familiar with all over the country.

DR. GARTNER: Right.

MR. SEHRING: So there I was, for all these years, in contact with the different groups somewhere along the way Don't ask me dates! [Laughs] Dr. Stan [Stanley L.] James — by this time Dr. [William A.] Silverman had left and gone to California — and Dr. [William H.] Tooley —

DR. GARTNER: Right. Tooley, yes.

MR. SEHRING: — came to me and they were talking about the [Virginia] Apgar Award. I suspect there already was the division of perinatology within the [American] Academy [of Pediatrics].

DR. GARTNER: Yes, I don't remember when that started.

MR. SEHRING: I can't remember the date. You'd have to go back to when the original Apgar awardee was. And they came to me, and I said, "We'd love to support that." By the way, I forgot to mention Dr. Lou

**Diamond along the way, who also became somewhat of a friend. I can't even imagine knowing these giants.**

**DR. GARTNER:** He was wonderful.

**MR. SEHRING:** This guy wanted to be a physician and here he was at this job meeting all the giants in pediatrics (professionally and as friends). You know, so many names are coming to me: Milt [Milton] Markowitz, just a wonderful, wonderful person.

**DR. GARTNER:** Oh yes.

**MR. SEHRING:** But anyway, the reason I mention Dr. Diamond is: At the time, the Howland Award — and we were supporting the Howland Award; I think Dave had established it — was \$1,000.

**DR. GARTNER:** The honorarium.

**MR. SEHRING:** The honorarium.

**DR. GARTNER:** To the awardee.

**MR. SEHRING:** Dr. Diamond said, “Dewey, that’s too low.” I said, “Should we make it \$3,000?” “That’s good.” I think he received the Howland Award 2 years later. [Laughs] I’m not sure. But that was the kind of exchange there would be. And then, with the Howland Award, I instituted a dinner, which everybody enjoyed.

**DR. GARTNER:** Yes.

**MR. SEHRING:** I remember the ones at the World Trade Center, at that restaurant. And we would choose the people for the Howland Award: That is, the awardee would help choose, and the societies, and so forth. It just was a wonderful group of people, past Howland Award winners, and no commercialism. And they knew I stood away from the commercialism. Just like the Ross Conferences, which I’ve always considered the jewel of the services that Ross provided. There was no mention of the product. There was no mention of anything relative to the commercial venture. Anyone who’s read the Ross Conferences knows that the chairman, in selecting the participants, would select people with contrary views. When you got into things like nutrition, which wasn’t often, there could be expression of

contrary views. I'm also thinking now, very quickly, of the Ambulatory Pediatric Association, which I got involved with. And you would remember the dinosaur of ambulatory pediatrics, Dr. Lewis [M.] Fraad. [Laughs]

DR. GARTNER: Oh yes.

MR. SEHRING: One of my favorite people. [Laughs]

DR. GARTNER: Oh yes, and mine too. [Laughs]

MR. SEHRING: There was the big controversy of formula feeding versus breastfeeding, and the ambulatory group was noted for people who were adversarial. Not all of them, don't misunderstand me. But some of them. And for some of them it was justifiable. At the time of that breastfeeding-formula feeding situation, there were things happening that I'm not going to mention, companies involved — people familiar with it will know. There were problems with bad water in some of these developing countries and what have you. And to mix bad water with powdered formula was not a good thing to do. And the breastfeeding advocates were out there: people like Dr. Ruth Lawrence, who was a good friend of mine from Rochester and someone I knew quite well and was supportive of. But Dr. Fraad, when this to-do took place within the Ambulatory Pediatric Association — I remember the meeting. I was in the audience. And everybody was tearing down all the companies. And Dr. Fraad got up and said, "Well, you know we still need support." And other people agreed. And they went through the names and Ross Laboratories came up. And Dr. Fraad said, "Ross Laboratories has the cleanest dirty money around."

[Laughter]

DR. GARTNER: That sounds like Lou!

MR. SEHRING: Actually, he was an outstanding person.

DR. GARTNER: Oh yes.

MR. SEHRING: I had dinner with him, Dorothy and I, sometimes in New York. Just a wonderful person. Continuing with the same subject in the Ambulatory Pediatric Association: I don't know if it was me, or whether it was Dr. Lawrence — sometimes I would bring up a subject, and sometimes I

would suggest, when the chairman would leave out somebody. I knew who was maybe even controversial on the subject; I would recommend them.

DR. GARTNER: Right.

**MR. SEHRING:** And I would have no problems. But the idea of having a round table — which, as I say, I had started with the ambulatory group — on breastfeeding came up. Well, who would be the person I would want to chair that? Or, whom would I approach? Dr. Ruth Lawrence. And so she was at liberty to invite anyone she wanted. And I don't think I recommended this name. We wanted somebody from the organization. I'm blanking on the —

MRS. GARTNER: La Leche [League]?

DR. GARTNER: La Leche League. Oh yes.

**MR. SEHRING:** La Leche League. We wanted somebody from there. Then there was a controversial person, and I hope I have his name right; I think he was a general practitioner — no, a general pediatrician out in California named [Paul M.] Fleiss.

DR. GARTNER: Oh yes. Paul Fleiss.

**MR. SEHRING:** Dr. Paul Fleiss. And I said — I think it was me — “We've got to have him.” We invited him. He at first didn't want us to pay his travel or anything. I think that's how it happened, but he agreed to come when he saw who else was coming.

DR. GARTNER: Right.

**MR. SEHRING:** Now, you can bleep this one if you want. [Laughs] But his daughter is Heidi Fleiss!

[Laughter]

DR. GARTNER: Yes!

**MR. SEHRING:** And I'm not going to say anything more about Heidi Fleiss. If you want to add something, go ahead. [Laughs]

DR. GARTNER: That's fine. [Laughs] Leave it. [Laughs]

**MR. SEHRING:** But anyway, you know I've never spoken to Dr. Fleiss after that, but I can imagine how that must have hit him as a father.

DR. GARTNER: Yes.

**MR. SEHRING:** Anyway, we had the round table. And the first question — and I don't think this was part of the round table, just sort of the warm up — that Dr. Ruth Lawrence or somebody said, "Why don't we go around the table and ask how you were fed as a baby?" It comes to me. I was breastfed. No problem with that one at all. I said, "I'm a fan. I support it, I think nutritionally and otherwise." Well, we published that. And as I said, I think Dr. Fleiss — you know, he didn't say anything, but he participated. And I think he saw that it was well run and that nothing was withheld.

DR. GARTNER: Right.

**MR. SEHRING:** So here I am, doing different things. Let's get back to the Apgar Award, which is important to neonatology.

DR. GARTNER: Right.

**MR. SEHRING:** These 2 gentlemen, Dr Stanley James and Dr. William Tooley, whom I knew very well, came to me and I said, "Oh, I'd be happy to support the Apgar Award. And we'll plan on a plaque given to the individual who is awarded this." And it wasn't limited to just neonatologists.

DR. GARTNER: Right.

**MR. SEHRING:** It could be perinatal medicine, an obstetrician. And, here's an aside, which you can bleep out: Dr. Charlie [Charles R.] Bauer —

DR. GARTNER: Bauer! Yes, yes. There were 2 of them. There were 2 Charlie Bauers. [Laughs] There's another one with the same name. There's one in New York, and there's one in Florida.

**MR. SEHRING:** Oh, the one in Florida.

DR. GARTNER: Florida.

**MR. SEHRING:** You know, he's a kind of stocky guy. Nice, a nice guy.

**DR. GARTNER:** Yes.

**MR. SEHRING:** He asked me one time for my background CV [Curriculum Vitae]. I think he was on the committee of the Apgar Award. And I think he was trying to get me to get the Apgar Award.

**DR. GARTNER:** Oh, really?

**MR. SEHRING:** Which I have to say right now, had it ever happened — and it didn't happen — I would have rejected it. Because there were too many people deserving of such an award to have someone like me get it. But why he wanted that information, he never told me.

**DR. GARTNER:** Probably was considering you.

**MR. SEHRING:** But he was on the committee.

**DR. GARTNER:** Yes.

**MR. SEHRING:** And I don't think Joe [Joseph L.] Butterfield would have approved. [Laughs] But anyway, they came to me. And I said, "All right, we'll do what we do with the Howland Award. Something like that. There will be a plaque for the individual. There will be a large plaque that will be in the possession of the Academy, giving each individual given the award in subsequent years." At some point they'd have to have some addition to it. I don't know, a second plaque? And then it came: What's going to be on the plaque? So we decided we'll have a profile of Dr. [Virginia] Apgar. And by the way, Joe Butterfield, I think, is the originator of the Apgar acronym.

**DR. GARTNER:** Oh yes. Yes he is.

**MR. SEHRING:** I'm pretty sure he is.

**DR. GARTNER:** He is. He is, for the score.

**MR. SEHRING:** So Dr. James got me pictures — and I knew Dr. Apgar because she'd be at meetings, and I'd met her and she was a delightful woman — so he gave me these pictures. Well at the time, Dr. Apgar was not the thinnest person in the world. But we had the profile, and we had it cast



**in bronze and produced. Then she loses a lot of weight. [Laughs] And the question was: Do we do anything? Well, we didn't. We issued it as it was, and there was no problem with that. But that's how the award pretty much started. And then we had a dinner. Past awardees would come, and it just was a wonderful experience.**

DR. GARTNER: Those were nice.

**MR. SEHRING: And I think everyone was pleased with the way it had gone.**

DR. GARTNER: And Ross funded the entire cost of the Apgar Awards?

**MR. SEHRING: Yes.**

DR. GARTNER: And the Howland Award.

**MR. SEHRING: At that time.**

DR. GARTNER: At that time.

**MR. SEHRING: Initially, the Howland Award was simply the thousand dollars.**

DR. GARTNER: And the dinner. Yes.

**MR. SEHRING: And then I came in with starting the dinner, and then Dr. Diamond mentioned to me — in a tactful way —**

DR. GARTNER: Yes. Oh, he was a nice person. He was a fine person.

**MR. SEHRING: — and then I raised it to \$3,000. Which definitely it deserved, I think.**

DR. GARTNER: Oh yes. Yes.

**MR. SEHRING: Today \$3,000 looks like nothing.**

DR. GARTNER: Right.

**MR. SEHRING:** So that's the Apgar Award. That's the Howland Award. But there were other things to be done. Suddenly neonatology was coming into its own, I think because of the higher incidence of prematurity, the options that obstetricians were taking. In fact, I think it was done with my one daughter, the one who was Rh-positive, Jenifer — inducing labor early.

DR. GARTNER: Yes, that's right.

**MR. SEHRING:** And hopefully avoiding some of the problems, not just of the Rh factor, but I'm sure other factors. So the incidence of prematurity was going up. This had an effect on nutrition: what these babies were getting. So that had an impact on Ross Laboratories because we were developing formulas more like breast milk — fats were different, you know? — and Mead Johnson was too. The high protein approach was going out of favor.

DR. GARTNER: Alacta.

**MR. SEHRING:** Alacta. Exactly, exactly. [Laughs]

DR. GARTNER: I remember it well.

**MR. SEHRING:** And there was another one. There was Alacta, and they had a liquid product which was a blue label. But Alacta was a powder as I still remember.

DR. GARTNER: Yes, Alacta was a powder.

**MR. SEHRING:** But there was a blue label that was used for premature —

DR. GARTNER: It was Harry [H.] Gordon who originally developed Alacta.

**MR. SEHRING:** Yes!

DR. GARTNER: And I was the one who had to go to Harry Gordon and tell him that Alacta was no longer going to be produced. [Laughs]

**MR. SEHRING:** Dr. Harry Gordon. [Laughs] Do you want me to go through Dr. Harry Gordon?

DR. GARTNER: Yes! Absolutely.

**MR. SEHRING:** Dr. Harry Gordon. I assume I met him in Baltimore.

**DR. GARTNER:** Yes.

**MR. SEHRING:** Just extraordinary. And by the way, he was with Dr. [Samuel Z.] Levine at New York Hospital, and people out of there like Irv [Irving] Schulman, Tim Oliver — I mean, I'm skipping the "doctor." But those people were all just terrific people and good friends later on. Dr. Harry Gordon — I had heard about his problem going to Colorado. You know, the message gets around. And it was a Jewish thing at that time. I think the community rejected him. Do you know this?

**DR. GARTNER:** No, I didn't know that.

**MR. SEHRING:** Oh!

**DR. GARTNER:** Yes, that's interesting. That's okay, tell a story.

**MR. SEHRING:** But anyway, I met him. And I used to hear stories, and I don't know who told me this. I think it was Dr. Marvin Cornblath. What were you going to do, research-wise? And Dr. Gordon would say to someone, "You're vitamin E; Cornblath, you're carbohydrate metabolism." [Laughs] And I became, again, a close friend of Dr. Gordon, and it just was very helpful along the way. And he came to the Howland Award dinners, I'm sure. The physician who then became chairman at Denver. Before [Frederick C.] Battaglia. Very prominent; Dr Henry Kempe. He was well accepted then in Colorado. Things had changed from when Dr. Gordon —

**DR. GARTNER:** Right.

**MR. SEHRING:** I mean, when I say reject, I don't know how this rejection came. I wish I could remember his name because he was a fine person too.

**DR. GARTNER:** Oh yes. Right.

**MR. SEHRING:** Outstanding, and it may come to me. But it was just, again, seeing neonatology rise. And then a factor was Dr. Jerry Lucey, certainly, and Dr. Stan James, truly. People that I was meeting —

**DR. GARTNER:** Oh yes.

**MR. SEHRING:** — and Dr. Joe Butterfield.

DR. GARTNER: Yes.

**MR. SEHRING:** Suddenly, a lot of effort was devoted there by the medical profession. They were doing such wonderful things. They were certainly solving problems, and we were addressing those problems in the Ross Conferences. One that has persisted: What's the gut one that I'm thinking of?

DR. GARTNER: Oh, necrotizing —

**MR. SEHRING:** Necrotizing enterocolitis. That's still out there.

DR. GARTNER: Oh yes.

**MR. SEHRING:** I think we may have done 2 conferences on that. I'd have to look that up.

MRS. GARTNER: Okay, can we take a break?

**MR. SEHRING:** Stop?

DR. GARTNER: Yes, let's stop.

[Recording interruption]

DR. GARTNER: Well, let's go back to someone we were talking about: Dr. Gordon.

**MR. SEHRING:** Yes.

DR. GARTNER: And some of the issues in Denver. Perhaps you want to tell me a little bit more about that.

**MR. SEHRING:** Well, what I had heard at the time, and I don't have a way to validate it, was that Dr. Gordon's experience out there was very unsatisfactory in terms of the acceptance by — I'm going to say the Denver community, not the medical community.

DR. GARTNER: Right.

**MR. SEHRING:** And, as a result of that, he left and returned to the east coast.

**And what I wanted to add to that was: Subsequently, Dr. [Henry C.] Kempe became chairman of pediatrics at the University of Colorado, and not only was well accepted, but established an outstanding department. And he, himself, was an outstanding investigator.**

DR. GARTNER: Oh yes.

**MR. SEHRING:** And the people that came out of his program — whether it was Fred Battaglia, Mike [Michael] Simmons — just tremendous: Frank [H.] , Jr.; Gene [Eugene W.] Adcock III; I could go on and on. Interestingly, I'm naming all neonatologists.

DR. GARTNER: That's right. [Laughs] That's the subject, we're okay!

**MR. SEHRING:** Yes.

DR. GARTNER: Good. Let me just go back a little bit and ask you a few questions. Who were the major influences in your life, particularly in what decisions you made in your career? In other words, in your childhood: Your father? Did you have uncles? Did you have a physician? You mentioned you had a physician who was in the family. Any of these people really influence you?

**MR. SEHRING:** You know, not really. And what I said about my interest in medicine — I did have a general physician that I went to, Dr. Panebianco. And the reason I remember him is that I had an undescended testicle. So I had to have surgery for that. But I don't really think any of that had an impact on me. I like science. As I said, I was a science major in college, had some wonderful, wonderful teachers that had excellent reputations. In fact one of them, his wife did a lot of work in bacteriology — she was a well-known name, but I'm blocking the name, unfortunately. But he was a biology teacher. And I wish I could remember what the name was. Anyway, but nothing really significant.

DR. GARTNER: No?

**MR. SEHRING:** I wasn't that much in touch with my cousin. You know, we all thought well of him as a physician.

DR. GARTNER: Before we get back into neonatology and a lot of the issues there, let's just get into your family a bit more.

**MR. SEHRING:** Sure.

DR. GARTNER: And tell us more about Dorothy and the children.

**MR. SEHRING:** Sure.

DR. GARTNER: We know about their birth, but talk a little bit more about what happened to everyone.

**MR. SEHRING:** Dorothy's family: Both her mother and father are Lithuanian, and they came here as children. They lived in a community out near Cambria Heights, on Long Island. She has a younger brother and a sister. Her brother is a psychiatrist who is now retired in Omaha, Nebraska. He's in Omaha because he married a nurse from there, whom he met in medical school. Dorothy's sister is living out on Long Island. She had married a psychiatrist named Paul Freeman, who has since died. He may have had Parkinson's [Parkinson disease]. My brother, as I said, was a New York City detective after he came out of the Air Force. I should mention one thing more about me. Before I got married — when I came back from Winston-Salem and had decided not to pursue the medical career — I thought I'd enter the Air Force.

MRS. GARTNER: Oh.

**MR. SEHRING:** Whether this was because of my brother being in it, I don't remember. I think it was. So I tried to enlist at age 20. I was 1A in the draft. And this again was about 1950. Went down, had a physical, and the physician came to me after seeing all the results and said, "We can't accept you in the Air Force. Why? Because you have calcifications on your lungs." Presumably, tuberculosis calcifications. And if those calcifications were over a certain size, the Air Force wouldn't take you. Because I wanted to train as a pilot, probably.

DR. GARTNER: Ah.

**MR. SEHRING:** And he said, “The [US] Army will take you.” [Laughs] So that was sort of a disappointment for a 20 year old. In the interval of time, as I had mentioned earlier, I got married. Nine months after we were married, roughly, Christopher was born. I was no longer now 1A. My mother-in-law and wife were not interested in me going into the service at that point.

DR. GARTNER: No. [Laughs]

**MR. SEHRING:** So I was now, I think, 3A by the definition at that time.

DR. GARTNER: Right.

**MR. SEHRING:** So, to continue that story a little bit, I wondered: Well, all right, TB [tuberculosis] — New York City, riding subway trains — not unlikely. We had gone, as I mentioned, when I was promoted to district manager, to Buffalo. And I had a new physician up there. And he said to me, “You know, let’s find out if you were TB positive.” So it was a simple blood test.

DR. GARTNER: Right. You were?

**MR. SEHRING:** The calcifications were not from tuberculosis. They were histoplasmosis.

DR. GARTNER: Oh! Ah-hah!

**MR. SEHRING:** You know, at the time, I thought I’d look at how you get histoplasmosis. Well, you get it if you’re living on a farm and there are hens, and chickens, and birds.

DR. GARTNER: Right.

**MR. SEHRING:** But that’s what I tested positive for, not tuberculosis.

DR. GARTNER: And you never lived on a farm. Or visited.

**MR. SEHRING:** Never lived on a farm.

DR. GARTNER: Oh!

**MR. SEHRING:** So it's still —

DR. GARTNER: There are other ways to get it. [Laughs]

**MR. SEHRING:** Well, there must have been. There must have been.

DR. GARTNER: Yes.

**MR. SEHRING:** But, you know, did any of those things contribute to my interest in medicine? I don't know. I don't know. Certainly there was nothing within my family that was pushing me in that direction. As I said, my father died at about age 74, kidney cancer. My brother died at age 70. And my mother lived until 93. She was by herself; once in a while she'd have one of my sons who were working in New York stay with her. And she didn't go into a nursing home until the last 2 years. Not an experience that my wife or I really want to have.

DR. GARTNER: No. I understand that. And agree.

**MR. SEHRING:** I mentioned my mother's father whom I never knew, and he died very early in her life, was a very accomplished artist. But my one grandfather — I think I pointed out the picture to you —

DR. GARTNER: Yes. Right.

**MR. SEHRING:** — was someone in Wild Bill Hickok's troop.

DR. GARTNER: Show. [Laughs] The one with the gun. [Laughs]

**MR. SEHRING:** But we didn't know him either.

DR. GARTNER: Oh.

**MR. SEHRING:** The name Sehring — German "Sehringer." And my father dropped it, as I think so many people did: change their names.

DR. GARTNER: So the name was Sehring...?

**MR. SEHRING:** Sehringer. Like Garringer. Or it would have been maybe Sehringer [Sehrinjer] or Sehringer [Sehringer, with a hard g].



DR. GARTNER: Sehringer. Ah-hah.

**MR. SEHRING: Or Sehringer [original pronunciation]. But they dropped the er at the end.**

DR. GARTNER: Dropped the er at the end. Well, tell us about the children. About your children.

**MR. SEHRING: We have 5. The oldest one, Christopher, is probably about 56 now. He was an English major, went to Trinity College in Hartford, Connecticut.**

MRS. GARTNER: Which is he on the wall here? Behind you.

**MR. SEHRING: This one.**

MRS. GARTNER: That one, okay. I'm showing him.

DR. GARTNER: Yes, okay.

**MR. SEHRING: He was in sales. He then became vice president/general manager of the CBS station in Cincinnati, which then was sold. And this has created just an entirely unusual situation. They own a home in Cincinnati, which they remodeled — a million 3 — and haven't been in. They've been out in Portland, Oregon, where he made a deal with somebody who used to work for him. It didn't work out after they moved the family to Portland. He was general manager of the CBS station out there. He and, I guess, this group that was just interested in the fast buck, from what I can understand — that didn't work out. So he's in the process of looking for a job.**

DR. GARTNER: Yes?

**MR. SEHRING: And he's got 2 children: a daughter just about to go to college and a boy still in grade school.**

DR. GARTNER: That's Jenifer over there, I presume. [Laughs]

**MR. SEHRING: Yes, she's the one there.**

DR. GARTNER: Up on top-right.

**MR. SEHRING:** She's a teacher, like her mother. Dorothy has been a teacher for years. Taught in Stratford, Connecticut. Taught in Buffalo, part time. Taught at the Columbus School for Girls here in Columbus for 27 years, fourth grade. Very innovative teacher. If you look around upstairs, you'll see some pictures. Very innovative using the plays of [William] Shakespeare in the fourth grade classroom. In fact, some people from OSU [Ohio State University] who are working in the Shakespeare area want to interview her.

DR. GARTNER: Oh!

**MR. SEHRING:** And Dorothy put on plays, Shakespeare plays. Rewrote the play, you know, to fit within a program for an elementary school. Jenifer teaches in an inner-city public school in Columbus. And she teaches third grade. And she's been teaching for a lot of years, probably 25 years or so. The next one, Jonathan [Sehring] —

DR. GARTNER: Is Jenifer married?

**MR. SEHRING:** Jenifer is married, has 3 children: one finishing law school, one pretty much looking for a job and one in college. Jenifer went to Miami University in Ohio.

[Phone rings]

DR. GARTNER: I guess we'd better stop. Okay.

[Recording interruption]

**MR. SEHRING:** I mentioned the Jenifer's 2 boys. She also has a daughter who is a freshman in college at Transylvania [University]. The second boy went to DePauw [University], was an outstanding swimmer for a couple of years. He's right now working at the BMW [of North America] down there in — I don't know what you call it — trying to get the money from the people who haven't paid for their cars.

DR. GARTNER: Oh, in collections! [Laughs]

**MR. SEHRING:** He's looking at this as part time, and he might enroll in some postgraduate education to maybe be a teacher. He seems to want to be that. Now we've come to Jonathan.

DR. GARTNER: Okay.

**MR. SEHRING: Jonathan is the third child and also was transfused.**

MRS. GARTNER: Is Jonathan that middle one above you?

**MR. SEHRING: This is Jonathan.**

MRS. GARTNER: Yes. Okay.

**MR. SEHRING: And this is Jonathan.**

DR. GARTNER: Yes.

**MR. SEHRING: Again, probably an English major, went to Kenyon [College], here in Ohio. Both boys played lacrosse. Jonathan was a good athlete; he was also excellent at basketball and football. Christopher also played football. He got with a company that was interested — all my boys have been very interested in films. And part of it comes from their uncle, Charles Graz, who is the psychiatrist. He was a big film fan. And so they've always been interested in movies. Jonathan, for example, was involved with the film group at Kenyon. That's where the actor Paul Newman went.**

DR. GARTNER: Oh, yes.

**MR. SEHRING: But anyway, Jonathan graduated from Kenyon and, as I said, became involved with a company — I can't remember now — who was big in accumulating information on films. He then left there — I think they folded at some point — and went with Cablevision [Systems Corporation] in New York. And Cablevision, of course, was into producing things for their programs. There's now a Rainbow division of Cablevision. Cablevision was founded by the Dolans. [Charles Francis] Dolan founded HBO [Home Box Office] and then developed Cablevision, which is bigger on Long Island than anywhere. They also spun off an area called Rainbow [Media Holdings], which at one time had Bravo — the program where the guy interviewed people in the theater area. Jonathan became president of The Independent Film Channel, so he's very much involved in the production of films and so forth. And he's been honored: He got this French award that I can't remember the name of, but I know we went over to New York for him to**

receive it. And he's been involved with them, I'm guessing, for about 30 years.

DR. GARTNER: Wow. And he's married?

MR. SEHRING: He's married. He married an English girl. They have 3 boys, one of whom [Jamie] just graduated from Wesleyan [University]. I'm going to say Connecticut Wesleyan. If you went to Wesleyan, you'd know it was in Connecticut.

DR. GARTNER: Oh, I see.

DR. SEHRING: Although there are all these other Wesleyans, but I've been taught a lesson. [Laughs] By the way, our new president was the speaker at the graduating class for Wesleyan this year because Ted [Edward M.] Kennedy couldn't make it because of his illness.

MRS. GARTNER: Right.

MR. SEHRING: So I think both of them — Jamie voted for President Barack Obama. His other 2 boys are still in Friends [Academy] school. Over on Long Island they're building another new house. He just sold his present house to Bing Crosby's son.

DR. GARTNER: Oh really? [Laughs]

MR. SEHRING: He lives in a lovely area. Lovely area. Just a loving family and they get over to England a lot to visit his wife's mother. The next child, David [A. Sehring]. David also went to Trinity in Hartford.

MRS. GARTNER: Is he the one up there on the end? No?

MR. SEHRING: And the last one, the baby, is Monica [Shifley]. And David you can see in the picture, I'm sure, easily enough with the blond hair. David, let's see, I'd say is about 48. Jonathan was about 52. David also was interested in movies. When he graduated — I can't remember everything he did, but he ended up at Cablevision. And David's always been very much interested in monster movies and monsters, and he has a huge collection of monster models, you name it. He was with the company 21 years until he just lost his job. And you know, like everything else in society now, people are cutting back. David had developed this series around Halloween, where

you'd see these monster movies on American Movie Classics [Company], which is part of Cablevision. And he also was asked to develop a channel — a monster channel, which he did develop — with the idea that Cablevision would launch a satellite, which the owner, John Dolan, wanted to do. He wanted a satellite. His son and the board of directors didn't want a satellite, so they never sent the satellite up, and therefore, the monster channel disappeared. And other people picked up on the concept, unfortunately for David. So here he is out of a job and looking. Fortunately, in both sons' situations, I think they got a year's severance and so forth, but still disappointing when you're with a company 21 years.

DR. GARTNER: Yes.

MRS. GARTNER: Very much so.

DR. GARTNER: Hard times.

DR. SEHRING: Oh, hard times. And his wife — this is David's second wife — is expecting a baby in June. She's from Bethlehem, Pennsylvania. And they bought a home down there now. They were living in Long Island City with a beautiful view of midtown Manhattan, but no more. And now they're in Bethlehem, Pennsylvania. Let's see, David has another child from his first marriage. And Brook [Sehring] is about 11, and fortunately it's a situation where mother and father care much for the boy and they share responsibility for him. He's with David, either in the Catskills [Catskill Region] or in Bethlehem, every few weeks. And Liz [Elizabeth Yawitz] is still living in their house on Long Island. Two of my sons married Jewish girls. Liz was Jewish, and Christopher's wife is Jewish. As I said, we come from a Jewish background. [Laughs]

MRS. GARTNER: Can you talk about the last child?

DR. SEHRING: The last child is Monica. And Monica would be 2 years younger than Dave, so she's about 46. And Monica went to Wittenberg [University], which is in Ohio, and that's where she met her husband, Mike [Michael J.] Shifley. And Mike is from a little town about an hour and a half north of here called Galion, Ohio. And his father has a business up there — a prefabricating steel business. And Monica has 3 children: an older boy, Daniel [Shifley], who is at a school in northern Ohio. He'll be a junior. And her second daughter, Meredith [Shifley], is a volleyball player and a track person. And she is a senior in high school and will be going to college next

year. And she has a third child, Caroline [Shifley], who is about 13, in middle school in Galion. Monica didn't do much after she graduated school — majored in education, or at least majored in English and art history. After the kids were getting older, she completed her graduate education at one of the Ohio State [University] campuses. And then, as Jenifer did later on, got her master's. So she now is teaching in the Galion public school system [Galion City School District]. So as their mother, we now have 2 teachers in the family. And both very happy teachers. So that completes the family picture.

DR. GARTNER: Yes, that's the family. That's a nice, big family. Lots of grandchildren, how many altogether?

**MR. SEHRING: We have 12, with the 13<sup>th</sup> on the way.**

MRS. GARTNER: And over here, I assume, are a lot of grandchildren pictures?

DR. GARTNER: Yes, yes.

**MR. SEHRING: Yes, yes. And right here, these are Monica's children, my grandkids. We just got that picture from them.**

DR. GARTNER: Those days will come, too, when some of your grandchildren are getting up there. [Laughs] Well, thank you for telling us all about your family. I guess we talked about a lot of your collaborators, and people in neonatology and pediatrics that you worked with. We talked about some at Ross, but are there any others — collaborators or mentors or anyone else — we should talk about that were a major influence on you, or you on them?

**MR. SEHRING: I can't think of any major influences out of the medical/pediatric/obstetrical area. I maybe didn't mention obstetrics as much, but I am an Honorary Fellow of the Society of Perinatal Obstetricians.**

DR. GARTNER: Oh!

**MR. SEHRING: Part of the reason, I think, is: It depends upon who your friends are. One of the people I got to know very well, and had in our group that set up the workshops in perinatal/obstetric medicine, was a Dr. Steve [Steven G.] Gabbe. G-A-B-B-E. Steve Gabbe's wife is a pediatrician. Dr. Gabbe trained mostly in Philadelphia, came to Ohio State [University College of Medicine] as chairman of the Department of Obstetrics and**

**Gynecology. And came with a fellow named Mark Landon. Dr. Landon delivered one of our grandchildren, and he's still in Ohio State. Dr. Gabbe, as I said, I was involved with because of the group we had: the 4 people picking the attendees.**

**DR. GARTNER:** Right.

**MR. SEHRING:** He was very active in the Society of Perinatal Obstetricians and nominated me for the Society of Perinatal Obstetricians, which was quite an honor, you know, to have that. Dr. Gabbe is interesting because he wanted to become dean at Ohio State, and a fellow named [E.] Gordon Gee was president — been president at a number of universities. Dr. Gee, who actually had been at Colorado and knew Dr. Fred Battaglia — it's amazing how everything interacts.

**DR. GARTNER:** Right.

**MR. SEHRING:** I met him walking his dog over here one time. Anyway, he decided to go to Brown [University] as president. He had brought as his dean this woman from Case Western Reserve [University], who later ran for senator and was head of the [American] Red Cross for a while. Gee went to Brown. Gabbe leaves Ohio State and goes to University of Washington as head of OB [obstetrics]. Gee, after a few years at Brown, decides to leave. I think his wife at the time was unhappy. They go to Vanderbilt [University Medical Center]; he goes as chancellor. His wife may have been on the faculty at Brown. I think it was his second wife. Something happens there at Vanderbilt. They get a divorce. Gee — who had done fabulously at Vanderbilt — who does he bring to Vanderbilt as dean? Gabbe. After a few years at Vanderbilt, as I said — big dollars remodeling his home and everything because they do a lot of entertaining — he comes back to Ohio State. Ohio State loved Gee. [Leslie H.] Wexner — the fellow I mentioned who owned the Limited was instrumental in bringing him back.

**DR. GARTNER:** Right.

**MR. SEHRING:** He loved Gee. Gee comes back to Ohio State. Who does he bring back as his chief medical officer? Steve Gabbe. [Laughs] So, Steve Gabbe is back here. Had a big salary. You know, just fantastic. But anyway, that's a little bit of an aside about obstetricians.

**DR. GARTNER:** That's your aside on obstetricians.

**MR. SEHRING:** As I said, I've become quite involved with them. Now one of the things, and I'll tell you this, Larry, if I had still been at Ross — now remember, Dr. Jerry Lucey and I started Hot Topics [in Neonatology].

DR. GARTNER: Right.

**MR. SEHRING:** And I'll back off to tell you how that began. Dr. Lucey came to me, told me — and he is a guy with a million and one ideas; he still is active even though he's had some medical problems recently.

DR. GARTNER: Right. Yes.

**MR. SEHRING:** He came to me and told me what his plan was. And I said, "I'm all for it." I said, "I'll guarantee you won't take a bath in terms of the financial aspects of inviting people, speakers, etc."

DR. GARTNER: Right.

**MR. SEHRING:** And for the facilities and so forth. At that time, I remember giving him a grant of \$10,000, which today sounds like pennies.

DR. GARTNER: Yes. [Laughs]

**MR. SEHRING:** So we started that — oh gosh, I don't know how many years ago, probably 30. I'd have to check.

DR. GARTNER: Oh, yes. A long time.

**MR. SEHRING:** And decided to hold it in Washington. At one point, he and I thought we might hold it on the west coast as well, have 2. Two a year. But we backed off that. Who were his employees for audio/video? I worked the slide projector. [Laughs] I worked the lights. You know, once maybe, he had 2 slide projectors. Today he's got audio in the rooms of the hotel. I forget what last time they told me they were paying these people; it was like \$25,000 or \$50,000. Something phenomenal.

DR. GARTNER: Oh my goodness. He gets a big audience. He gets a big group.



**MR. SEHRING:** Oh yes. Well they're now drawing about 1,500 people. Many of them from overseas.

DR. GARTNER: Yes. Right.

**MR. SEHRING:** Abbott was supporting some of the overseas people. We were the only people there — that is, Ross. And, in a very nondescript way, we were putting on the reception on Sunday night.

DR. GARTNER: Right.

**MR. SEHRING:** Today, there are other companies there. And I think he had to do this because of some of the things going on. Not for money, because I think Ross — now it's Abbott; there's no more Ross Laboratories.

DR. GARTNER: Right.

**MR. SEHRING:** They give them a significant amount of money. But again, very low key. I don't think the program anymore says the reception is supported by Ross Laboratories. I think the [American] Academy [of Pediatrics] backed away from support; like Johnson & Johnson, they used to do the concert. Then J & J [Johnson & Johnson], I think, gave up support of the concert at the AAP meetings. I think Ross [Laboratories] Sales took that over. I don't think they do that anymore. I'm not sure.

DR. GARTNER: I don't know.

**MR. SEHRING:** I don't really know. But there's been a big change in how these monies are given. In terms of the hot topics: That's grown from maybe at first 300 or 400 people to 1,500 people.

DR. GARTNER: Yes, I know. It's huge.

**MR. SEHRING:** And very successful.

DR. GARTNER: Yes.

**MR. SEHRING:** Very successful. I was very proud of what we did in that area. I'm trying to think of anything else happening in neonatology. Not then.

DR. GARTNER: I have one question for you, just to go back to Ross and your career there: Have you mentored anyone?

**MR. SEHRING: Oh yes.**

DR. GARTNER: Have you developed any of the young people to follow in your footsteps?

**MR. SEHRING: Well, yes, I did. In fact, one of the young men is in that picture over there, “Dewey’s Doers.” But there were a few people. There was Dave Rock, who retired, ultimately, down the road and started to hold meetings like I did — like Ross Conferences — in North Carolina. I haven’t followed his career. He went back to Washington. There were 4 or 5 that were with me, and this is the one — the fellow in the middle — and I can’t even remember his name.**

DR. GARTNER: The tall one.

**MR. SEHRING: Yes. Nice, nice young man. And they were terrific people to help me. Another one, labeled on the last conference as the director of professional services, is Clint Johnson. He’s retired though, too. And there was a young man; I also developed, for a while there, what I called individuals in each region of the country — a professional services associate; a PSA, I called them. So that each region would have a young man or a representative that would be tied into my department in some way. They were out of the sales department, but they had this designation. And I think it was good. I don’t think it exists anymore.**

DR. GARTNER: No.

**MR. SEHRING: The Johnson fellow. As I said, he retired too, and he was holding the position for a few years. The new administration at Abbott — and it gives me a chance to ask you: Did they come through?**

DR. GARTNER: I don’t know.

**MR. SEHRING: See, I don’t know either.**

DR. GARTNER: I asked the development office to check on that, and I don’t know.

**MR. SEHRING:** Yes, Donald [V.] Patton, I think, was his name.

DR. GARTNER: Yes.

**MR. SEHRING:** I haven't talked to him since. I've tried to contact his associate, whom I know, twice to fill him in because Patton asked me to get with him and give them some insight. It looked to me in the brief moment that I met him — where he just waved and said, "No problem," for the \$4,000 — that he was trying to bring back some of the old Ross services. And some more orientation to the ethical approach.

DR. GARTNER: Right.

**MR. SEHRING:** The fellow that was before him was a commercial type out of the Proctor & Gamble school, a black fellow named [Gary E.] McCullough, who left for Ross. And I just noticed him the other day on the board of [The] Sherwin-Williams [Company].

DR. GARTNER: Oh.

**MR. SEHRING:** But I didn't know him at all.

DR. GARTNER: Yes, right.

**MR. SEHRING:** I mean, I went to some meetings where he would give some updates, but I met Patton and just did get the feel from him that there was going to be an effort — and maybe there has already been an effort — to return to some of the more ethical approaches. Because I think all of these companies have gotten away from that.

DR. GARTNER: Yes. Well, there's a lot of change in the wind now. While we're talking about this, let me bring it up: I don't know whether you saw the *JAMA* [Journal of the American Medical Association] article last week, but a group of — oh I forget how many, but maybe 15 people, including [Catherine D.] DeAngelis —

**MR. SEHRING:** Oh, I did see that because I remember Cathy [Catherine D. DeAngelis]. Dr. Cathy DeAngelis.

DR. GARTNER: Yes, Cathy. Cathy DeAngelis. But that group published this article —

**MR. SEHRING:** I saw that. I saw that.

DR. GARTNER: — essentially saying that the medical societies should all completely separate themselves from any commercial money.

**MR. SEHRING:** Well.

DR. GARTNER: Except for exhibits and ads in journals. [Laughs]

**MR. SEHRING:** Dr. DeAngelis, whom I knew well and liked, was a member of the Ambulatory Pediatric Association. Of that group that I mentioned before — she would have been one of the most volatile voices against industry support.

DR. GARTNER: Yes.

**MR. SEHRING:** You know, I retired in 1990 after 40 years with the company. Somebody mentioned 28, but that doesn't include my 12 years in sales.

DR. GARTNER: Right.

**MR. SEHRING:** Johnson had me talk with Cathy and him one time because I'm sure he was running into some problems with her. And I was aware of Cathy's feelings.

DR. GARTNER: Right.

**MR. SEHRING:** I got the [George] Armstrong Award [Lecture, Ambulatory Pediatric Association] and she wasn't at the presentation, which disappointed me in a way; if you read my presentation —

DR. GARTNER: Yes. I did. I read it last night, again. [Laughs]

**MR. SEHRING:** And, you know, she said, "Send me the presentation." When this happened she was the editor.

DR. GARTNER: Yes.

**SEHRING:** I sent her the presentation. I never heard from her that she read it or anything at all. If she had read it, she would have seen a lot in that presentation about lay advertising, which I don't like. And some of the other things.

DR. GARTNER: Right. I don't either

**MR. SEHRING:** Now where we may have had some disagreement, and you read it in there, so pardon me for repeating it.

DR. GARTNER: No, no. Repeat it for the tape.

**MR. SEHRING:** There were people, like the ambulatory group, that began to ask for money from companies to put in a general pool. Now they may have then come out and said, "These are the companies that have contributed to the general pool."

DR. GARTNER: Right.

**MR. SEHRING:** There were many situations where I, as Ross Laboratories, started contributing — like, to the Perinatal Research Society — before Mead Johnson ever did. Before anyone else did.

DR. GARTNER: Right.

**MR. SEHRING:** I can also add that when Jerry [Elliott] and — I'm blocking at his name — a nice guy with Mead Johnson.

DR. GARTNER: Oh, I know who you mean. Anyway.

**MR. SEHRING:** I introduced him to the people when he came to the Perinatal Research Society, and he was very grateful for that. But my point is that I wanted to vie for the favor, if you will, of an organization or an individual, based on what I was doing as a company or as an individual. That made Jerry, and I'm sorry I don't remember the name, and other people in the area — I remember one with Wyeth [American Home Products] that was very well-received — want to do something better. Not the same, not worse. But better. Look, I'm going to say this.

DR. GARTNER: Go ahead.

**MR. SEHRING:** You need to hear this.

DR. GARTNER: Okay. [Laughs]

**MR. SEHRING:** Take medicine in Columbus, Ohio. Why is it that Riverside [Methodist] Hospital, which is a good institution here — it's OhioHealth or something — can come out and say, "We have the best way of dealing with stroke in the area"? How is that any different from a company competing against another company? And they all do it.

DR. GARTNER: Yes they do.

**MR. SEHRING:** They all do it. We have — it's Ross, Dick Ross —

DR. GARTNER: Yes.

**MR. SEHRING:** The [Richard M.] Ross Heart [Hospital] center at Ohio State. You can imagine how much money the Rosses contributed.

DR. GARTNER: Right.

**MR. SEHRING:** Then we have the Catholic hospitals with their heart center, Riverside [Methodist Hospital] with their heart center, and I ask myself, "Why don't they just have one center and get all the best equipment?"

MRS. GARTNER: Sure.

**MR. SEHRING:** Not all of them have the same equipment.

DR. GARTNER: No.

**MR. SEHRING:** Some of them have an advantage. Cleveland Clinic, I'm sure, has some advantage over what we have. There are people that go to it. I have friends from Buffalo.

DR. GARTNER: I do too.

**MR. SEHRING:** A friend of mine, Dr. Bernie [Bernard] Eisenberg, practicing pediatrician in Buffalo, went down to the Cleveland Clinic. But that was my reason for disagreeing with Cathy DeAngelis. I'm saying, "Let

**them compete, just like you as physicians or institutions are competing.” It’s good to compete if you do it ethically.**

DR. GARTNER: Yes.

[Phone rings]

**MR. SEHRING: Sorry.**

[Recording interruption]

**MR. SEHRING: From the standpoint of having the companies compete against one another, in an ethical sense —**

DR. GARTNER: Right. I guess my question is: Why do you think this group — and they’re pretty eminent people with major organizations, although no official from AAP — is a signatory to that paper? There’s a former president, Carol [D.] Berkowitz.

**MR. SEHRING: Well, I thought the criticism came from someone from England about that paper. He had written something differently and either disagreed —**

DR. GARTNER: I don’t know. No, I think —

[Phone rings]

**MR. SEHRING: Oh my! [Laughs]**

[Recording interruption]

DR. GARTNER: We were talking, again, about the new statement that was in *JAMA*, and the attitude toward commercial interests.

**MR. SEHRING: And I thought it was a paper that was criticized by somebody. I guess the other thing about this is knowing whether the author was supported by an outside company or something. Didn’t it have to do with disclosure?**

DR. GARTNER: Well, it has to do with a lot of things. Disclosure is one of the things, but basically what this new paper in *JAMA* last week was

recommending was a complete separation of the medical societies, all medical societies, from accepting any money from pharmaceutical companies, even for research.

**MR. SEHRING: All right.**

DR. GARTNER: But they really wanted to separate everything. And the only thing that they found, or recommended as acceptable, was advertising in journals and exhibits at meetings.

**MR. SEHRING: Okay.**

DR. GARTNER: But other than that, they want nothing.

**MR. SEHRING: You read my Armstrong lectureship.**

DR. GARTNER: You make a very strong and very cogent statement about relationships.

**MR. SEHRING: Well, I get back to people — you know, this is not just me.**

DR. GARTNER: No.

**MR. SEHRING: It's the people I've known who have impacted my thinking. And one of the best ones is Dr. Robert [A.] Aldrich. And Dr. Aldrich, who was a good friend of Dave Cox, I got to know as chairman of pediatrics, and later on he was the head of the NICHD [National Institute of Child Health and Human Development].**

DR. GARTNER: NICHD, right.

**MR. SEHRING: And even Dr. Duane Alexander, whom I mentioned. But Dr. Aldrich believed in that triangle, and I believe in that progress for the patient. And therefore, assisting the physician comes through the cooperation of industry, academia, and government.**

DR. GARTNER: Right. So what do you think led to this new attitude about complete separation?

**MR. SEHRING: I don't think it's a new attitude. I think Cathy DeAngelis was thinking this way 25 years ago. I don't think it's new attitude.**



DR. GARTNER: So you don't think it's new.

**MR. SEHRING: None of it. I don't want to just stress her; they may have felt we could take the money and hide it under the guise of a general collection agency. And then maybe give a little attribution, you know, off to the side.**

DR. GARTNER: They're not even suggesting that in this.

**MR. SEHRING: No, no, no.**

DR. GARTNER: They want complete isolation.

**MR. SEHRING: And then to hear that they want the advertising in journals. I happen to agree with that, but there's more money. And remember, I gave that how many years ago? There was more money being spent on lay advertising for drugs than medical advertising in journals.**

DR. GARTNER: Yes, that's true.

**MR. SEHRING: I'm sure the journals are having a hard time.**

DR. GARTNER: I think they are. I've heard that the advertising has dropped.

**MR. SEHRING: I wouldn't be surprised. But how unfair to the physician to do this lay advertising. I mean, then to have a patient coming in and say, "Oh, I saw this drug. I want you to prescribe that drug." You know what it brought back to mind? When I used to call on practitioners, I can remember sitting in the waiting room and hearing this doctor in Norwalk, Connecticut, who was a new pediatrician in practice. I heard a patient say, "Well, my child has a cold Dr. Z. Please prescribe penicillin for my child. Give him a shot." And he did. When I went in and talked to him — and here I'm naïve, but I'd heard some things about this — I said, "Why would you do that?" Not quite as directly as that. [Laughs] I was better off in those days. He said, "If I don't do it, she'll go down the street and have another doctor do it." And he was absolutely right.**

DR. GARTNER: Sad. I mean, that's too bad. I know that does happen, and I've seen it myself.

**MR. SEHRING:** Like today, I'm having trouble sleeping. Dorothy is, too, but I attribute most of her problems to the Parkinson's. And she's having a lot of trouble. But I'll sleep for 2 or 3 to 4 hours and wake up, and then I think of every problem in the world and the family. But when you think of how many sleep medications are available —

DR. GARTNER: Right.

**MR. SEHRING:** I think it's age-related, too. I've begun to think that as you get older —

MRS. GARTNER: Right.

**MR. SEHRING:** My one doctor, Alan Weinberg, retired because I think he's sick of paying all the expenses of running an office, and he's now working for the VA [Veterans Affairs]. And he was an intelligent, warm, wonderful fellow. So I had to get a new doctor, and I'm now with a fellow named Mark Hackman. I've seen him once or twice. He prescribed Tylenol PM. [Laughs] You know, I tried it. And we have some others. There's another, metrazoline or something that I took a quarter of the tablet and the next day was groggy.

DR. GARTNER: Oh really?

[Laughter]

**MR. SEHRING:** Yes, a quarter!

DR. GARTNER: I've never tried it. [Laughs]

**MR. SEHRING:** I'll tell you. Anyway, I have a problem with some of the thinking. You asked me why I think that.

DR. GARTNER: Why now has this come up? Yes, it's been developing all along, but here's a big group of people.

**MR. SEHRING:** I think the pressure, maybe the misuse of some drugs, or off-label use of some drugs, perhaps, could be a problem.

MRS. GARTNER: How about the issue of company research? You know, the research on drugs for accreditation. There's a lot of discussion now about

whether companies are influencing the research, the work that's being done in the labs.

**MR. SEHRING: Well, I don't doubt that they influence. I hope they don't influence the papers published.**

DR. GARTNER: Well, some of them do. I mean, that's been one of the accusations.

**MR. SEHRING: But again, then you have to go back and say, "Why is this physician giving up his ethics?"**

DR. GARTNER: Well, that's right.

**MR. SEHRING: So the fault lies —**

MRS. GARTNER: Both ways.

DR. GARTNER: Well, I wonder. In the Armstrong lecture you particularly emphasize the issue of ethical behavior by the pharmaceutical companies, by yourself. I have no question when you were involved in this, it was highly ethical and carefully managed. But I just wonder if in the last 10, 15 years things have changed, and a lot of the behaviors by the pharmaceutical industry are less ethical. And that that's what's precipitating some of this.

**MR. SEHRING: I'm not sure I would limit it to the pharmaceutical industry.**

DR. GARTNER: And medicine.

**MR. SEHRING: I think it's all chasing the almighty dollar.**

DR. GARTNER: Yes, I think you're right.

**MR. SEHRING: You know, companies are trying to produce so their executives get paid millions of dollars. And some of the companies are failing, and the executive walks away with millions of dollars. Explain that one to me. I can't.**

DR. GARTNER: I think everybody is outraged.

**MR. SEHRING:** They're trying to make money for the stockholder. So there's no way to single out just some guilt in this.

DR. GARTNER: That's right.

**MR. SEHRING:** I mean, we could get into talking about the government and taxes. [Laughs] And you know, that's an interesting aspect, too. And I'm sorry for this aside, but you know, I was saying to Dorothy: The people who are supporting, let's say, the president's budget, almost 50% are not paying income taxes. They believe in a socialized economy, where the government is going to take care of me regardless of what I give the government. I get questions saying, "Should we pay immigrants Social Security when they go back to their own country?" Now why are we paying these immigrants, who never paid into Social Security, money? The society is becoming one of the haves and the have-nots. And the have-nots is growing and voting for all of these privileges: free college, free medical care, free Social Security. You're going to be out voted.

MRS. GARTNER: That's true. Yes, it's true.

**MR. SEHRING:** I mean, it's not going to happen to me and you — gradually maybe — but our kids and grandkids. It's like Social Security: We're going to have 2 people earning the money to contribute to Social Security, where it used to be 10 or something, years ago.

DR. GARTNER: It's true.

**MR. SEHRING:** I think everyone seems to be at fault. I don't have any answers, but I'm not sure any of these other people, in the government, have any answers.

DR. GARTNER: Well, that's a tough bunch of questions.

**MR. SEHRING:** I don't know about you guys, but I've lost probably 50% of my assets over the last year.

DR. GARTNER: Oh yes, oh yes. We have.

**MR. SEHRING:** You know, I was contributing to 529s of my grandchildren.

DR. GARTNER: Those are way down.

**MR. SEHRING: We talked about my gifts; there's nothing left of them.**

DR. GARTNER: That's right.

**MR. SEHRING: It's crazy. So I don't know. I don't have answers. I'm sorry to have side-stepped it.**

[Laughter]

DR. GARTNER: Are there any awards that you received that we haven't talked about? Now you talked a little bit about the Vermont award, but there are a number of awards that you have received. I don't think we've covered all of them.

**MR. SEHRING: The one from the NICHD, from Duane Alexander.**

DR. GARTNER: Tell us about that award.

**MR. SEHRING: I don't know. I think it was in recognition of, perhaps, what we had been doing in general.**

DR. GARTNER: For the NICHD. Yes.

**MR. SEHRING: Yes, yes.**

DR. GARTNER: What had you done with people at the NICHD? What was your involvement there? Was it specific, or was it part of the general —

**MR. SEHRING: You know, offhand I can't remember anything specific, other than in general what we were doing. Was Dr. Charlie [Charles U.] Lowe with NICHD?**

DR. GARTNER: Yes.

**MR. SEHRING: You know he was a very good friend. I'm sorry I failed to mention him in Buffalo.**

DR. GARTNER: That's right, he was in Buffalo. But he was in Florida, wasn't he? Where did he go?

**MR. SEHRING:** Well, when he left Buffalo, I think he went to the NICHHD.

DR. GARTNER: Yes, I know he was at the NICHHD.

**MR. SEHRING:** He was in Buffalo for a long time.

DR. GARTNER: Right.

**MR. SEHRING:** Charles “Uptown” Lowe. [Laughs]

DR. GARTNER: Uptown?

**MR. SEHRING:** His middle name was Upton, I think. No, not Uptown. Did you know Dr. Lowe?

DR. GARTNER: Yes.

**MR. SEHRING:** Dr. Gerry [Gerald Edward] Gaull was someone I knew very well and I visited his apartment. He had some lovely artwork. He came out here one time, and we had a black barber — forget his name — who did a lot of folk art. You know, very famous. And the museum has a lot of his work. Gerry wanted to see his barber shop, so we brought him down. There’s a statue of a barber down near there.

DR. GARTNER: Oh really? Oh, that’s interesting.

**MR. SEHRING:** But, the awards were generally in response to my involvement with these different societies or organizations, like the NMA [National Medical Association]. The Pediatric Section of the NMA gave me a watch at some point in recognition of my contributions. I’ll never forget the comments of the president of the Pediatric Section. She was from Florida, I’m not going to remember her name. She said, “We’re awarding this to Dewey because, during the time, people weren’t paying any attention to us because of being a black organization.” I heard that, and when I got up and I addressed the group, I said, “To me, a baby is a baby. And you people were caring for infants like anybody else.”

[Recording interruption]

DR. GARTNER: Okay, we're back on. And Dewey, you wanted to say something about Mel [Mary Ellen] Avery's contribution.

**MR. SEHRING: Dr. Avery. Well, there were many contributions that Dr. Avery made. Certainly while she was in Boston, and then later on — was it in Baltimore?**

DR. GARTNER: Well she was in Baltimore earlier, and then she went to Montreal.

**MR. SEHRING: Then she went to Montreal with Dr. Leo Stern.**

DR. GARTNER: Right, and then she went to Boston.

**MR. SEHRING: But at a point in time with the Ross Conferences, I much appreciated her suggestion to me that we just involve some of the younger people. Because in the conference program, when the chairman selected people, he usually selected senior investigators, and Dr. Avery's suggestion was that you should involve some third year fellows and bring them into the process. Meeting other people. I started that and we usually would have maybe 2 or 3 fellows. I think they really enjoyed themselves and appreciated the opportunity.**

DR. GARTNER: I'm sure they did.

**MR. SEHRING: I was thinking, too, of the Perinatal Research Society, which had been formed. I was looking over something the other night, where they had asked me to recount some of my memories. And mentioning Dr. Avery brought in mind Dr. Leo Stern. He was a member. By this time, I think he may have been in Providence. However, what I remember and what was printed was that, often, they had these wonderful speakers. Not talking neonatology, perinatology — they may have been talking about whales and other things.**

DR. GARTNER: I remember those.

**MR. SEHRING: Delightful. Do you remember those?**

DR. GARTNER: Oh, yes.

**MR. SEHRING:** But what I remembered about Dr. Stern was that he would arrive late for the meeting. Or, while the presentation was started or going on, he would go to the bathroom. The presentation ended, and who would ask the first question? Dr. Stern! And it was generally pretty on the mark. But I was always amazed at that. And that was the meeting, as you may remember, where they had the fishing pole as the pointer!

DR. GARTNER: Yes, that's right! [Laughs]

**MR. SEHRING:** But I'll never forget Dr. Leo Stern. It was a tragic ending to his life.

DR. GARTNER: Oh yes, I know it well. Unfortunate. Anyway, I'd like to turn a little bit to some general areas of neonatology. You're an observer of neonatology in a way that's different than those of us who have worked as physicians in the field, so you may have a different view of this. What do you recall as your first involvement with something called neonatology? When did you first realize there was a specialty in pediatrics?

**MR. SEHRING:** You know, year-wise I would be guessing, but I told you that I met Dr. Lucey probably in 1957-1958. I think he had maybe just gone up to Vermont about that time, after leaving Dr. [Clement A.] Smith in Boston. And certainly, my exposure to him along the way was a big factor.

In Buffalo I certainly was exposed to the neonatal intensive care unit that they ran at the Children's Hospital [Boston]. What was going on in nutrition and the option of early deliveries to prevent certain problems certainly was a factor. And I think that started in the mid 1950s or maybe early 1960s. And you know, one saw neonatology as an advance, very important to salvaging babies.

I began to say something to you before, that had I remained at Ross Laboratories — and you know, I could have, but I thought 40 years was enough, and new management was coming in. And like I've advised people like Dr. [Sheldon B.] Korones and many other people along the way; there's a time to get out.

DR. GARTNER: Right.



**MR. SEHRING:** Because if you stay, I think sometimes you become embittered. And people are rediscovering the wheel and you say, “Gee, I’ve been there.” And so forth.

[Phone rings]

**MR. SEHRING:** Sorry.

[Recording interruption]

**MR. SEHRING:** Let me pick up on what I wanted to say. Had I remained, had Dr. Lucey continued to do the Hot Topics, one of the things that I had always wanted to do was to bring the Society of Perinatal Obstetricians, which has their own meeting, and Hot Topics together.

I really think there’s something lacking when the obstetrician, who is a big part of this preventing prematurity and so forth, isn’t part of this meeting. Now I even thought, and I may have mentioned it to Dr. Lucey: Is there a way of maybe overlapping so that both of them could be there?

**DR. GARTNER:** Right.

**MR. SEHRING:** Had I stayed, I would have gone for that.

**DR. GARTNER:** It’s a very good idea. I agree.

**MR. SEHRING:** I may have mentioned that one to Dr. Lucey, I don’t recall. But, that had always sort of bothered me. And now, why? Because I knew the people there, and I knew the people in neonatology. And I thought, “Why don’t they get together?” Now, Hot Topics has brought some obstetricians, occasionally.

**DR. GARTNER:** As speakers. But not to the audience?

**MR. SEHRING:** You know, not that I know of.

**DR. GARTNER:** Yes. I haven’t heard of it either.

**MR. SEHRING:** But I really think that should be something that should be pursued.

DR. GARTNER: I agree with you. Good idea. Well, it's now on recording, and maybe somebody will pick it up.

When you were involved at Yale early on, which was obviously your earliest sort of experience with academic medicine and with neonatology, had Lou [Louis] Gluck built his new intensive care —

**MR. SEHRING: Lou Gluck wasn't there.**

DR. GARTNER: So that was before.

**MR. SEHRING: Yes, that was before.**

DR. GARTNER: Do you remember: Were you involved at all with Yale at the time Lou Gluck came?

**MR. SEHRING: No. I was either in Buffalo or even beyond.**

DR. GARTNER: It was after you left.

**MR. SEHRING: I left in 1956.**

DR. GARTNER: Okay, let's see. What do you recall about the facilities for neonatology early on and how they changed? And that also brings up the issue, which we haven't talked about, that Ross had involvement in design of nurseries.

**MR. SEHRING: Yes, good point! I forgot that.**

DR. GARTNER: What do you remember about the facilities and how they changed over the years? And what was Ross' involvement with that?

**MR. SEHRING: Well, we had some people who were very much involved, and they were very excellent people. I was not too much involved in that, or at all. But certainly, the units became more — I don't want to say *mechanical*, but — what's the word?**

DR. GARTNER: Technological?

**MR. SEHRING: Technologically advanced. Whether it was just the incubators or what have you; just everything going on! They became noisier too.**

**I think Dr. Gluck's appearance at Yale and his development of the unit up there made a big contribution. Whether that was the first neonatal intensive care unit, I'm not sure. There may be people in Chicago who might disagree. But his certainly was the one that got the recognition. Without a doubt.**

**I get back to something we were talking about earlier, and it brings back the name of Dr. Jerry Lucey and something, Carol, you and I had been talking about relative to industry, academia, and government; and that is, the whole development of surfactant for the premature infant. It brings back the name of Dr. Avery to me. What happened at the time was, I was hearing about this, because of Dr. Lucey. I even met the gentleman from Japan, the physician.**

**DR. GARTNER:** Oh yes, [Tetsura] Fujiwara.

**MR. SEHRING:** What's his name?

**DR. GARTNER:** Fujiwara.

**MR. SEHRING:** Fujiwara. But I remember meeting him, maybe at one of Dr. Lucey's Vermont meetings, and Dr. Lucey saying, "Here's something that's going to be very important." Dr. Avery felt the same way. Then I came back to Columbus and made mention of that to our people in R & D, and they started to look at it because Abbott had some connections with Japan. There was some collaboration, I guess. I brought to their attention that this was exciting. Well, all of a sudden, Dr. Avery, I think, attended a meeting; maybe in Japan. As I remember it, she changed her opinion; it didn't look that good. You know, I guess I said something to our people. Well, it wasn't too long after that, the idea was back on the front burner, and Dr. Avery told me, as I recall. So I went back again. [Laughs] The thing is, they were working, and they developed surfactant into the product then called Survanta.

**DR. GARTNER:** Survanta, right.

**MR. SEHRING:** But again, it was the context. It was industry, working with academia, and government is not far behind because they were putting money into this too. Survanta was developed because of that interaction that Dr. Bob [Robert A.] Aldrich was always so keen on. I remember that.

DR. GARTNER: Good point.

**MR. SEHRING: I was very proud of the fact that Ross developed that product.**

DR. GARTNER: Was that the first time Ross went outside of the nutritionals?

**MR. SEHRING: No. We were with Abbott. They may have, at a time, had an antibiotic. It's hard to remember way back then. They did have a vitamin product there for a while, I think. But I think it was the first time they really took a step out. In immunology; I'm not sure. I don't remember, but they may have gone into something with one of the other companies. But the one with surfactant was, I think, a very important step and shows that collaboration.**

DR. GARTNER: You've talked about the willingness by the Ross executives to put a lot of support into neonatology and pediatrics, in general. How did that philosophy come about? Was it a very conscious discussion? Was it something that was sort of brought up as an issue, and then someone said, "Yes, we're going to do this"? Or did it just evolve? Did it just happen?

**MR. SEHRING: I mentioned Dave Cox. And you can't talk about Ross Laboratories or the association with pediatrics unless you think about Dave Cox and go back to Dr. Allan Butler. I think in my Armstrong address I mentioned how he told Dave how important it was to identify with the needs of the physician to provide the best care to his patient. That was a key statement. Dave abided by that, and through osmosis or whatever, that meant something to me. I told you that I represented what Dave would have done had he continued and was not into the upper management. But it all stems from that early Ross Conference concept of helping the physician to help the patient. And I believe it today.**

DR. GARTNER: Right.

**MR. SEHRING: Dave is owed that remembrance. He was a tough manager. A lot of people had difficulty with Dave, but I think Dick Ross recognized in Dave the ability to transform Ross Laboratories into a very important industry, and helpful to the physicians.**

DR. GARTNER: Right. Yes.

**MR. SEHRING:** And now, to mention, the Ross Heart Hospital has continued through his wife and family, too.

DR. GARTNER: That's good. Let's see, we've talked about the societies: SPR, APS, AAP, and so forth. And we've talked about your contributions to the field. Have we covered all of the conferences and meetings you've supported? Have we missed any?

**MR. SEHRING:** Well, the [Ross] Conferences on pediatric research, the ambulatory roundtables, then the gastroenterology. It was obvious to me at some point that gastroenterology was an important part, not just of pediatrics, but also of neonatology. And maybe it started with the problem of the necrotizing enterocolitis.

I got to know a number of the gastroenterologists. In fact, I'm thinking that even Phil [Philip] Sunshine may have had a background in gastroenterology. But there was no doubt in my mind that that was an important area. I can't remember offhand whom I solicited, maybe someone came to me. I started a parallel program to what we were doing in the perinatal workshop seminars on gastroenterology. Those were just as successful, highly regarded. There was a gastroenterologist at Indiana that I think may have been involved.

DR. GARTNER: I remember somebody and I can't remember his name either. But there was somebody there.

**MR. SEHRING:** But you know, that wasn't as large a program. I say that, but I think there were a lot more neonatologists than gastroenterologists.

DR. GARTNER: If you hadn't done all the things that you did on behalf of neonatology, what do you think the field would be like these days?

**MR. SEHRING:** Well, someone would have come along, hopefully, to recognize the importance of such a field. You know, I would not want to put it any differently. I'm glad we were the ones.

DR. GARTNER: Yes.

**MR. SEHRING:** And we weren't the only ones. I have to say that the Mead Johnson company was out there and doing a very good job. I think they were doing things with the neonatologists; I don't know whether they were seminars or not. But I think Dr. Butterfield was involved with some of

those. The more I think of it, when I approached Dr. Fred Battaglia to do something on our seminars when they were just beginning, he may have been doing something for Mead Johnson and declined, and then gave me the name of Dr. Mike Simmons. And something tells me that's what happened.

DR. GARTNER: Oh. I see.

MR. SEHRING: He felt he couldn't do something for me at that time.

DR. GARTNER: Right.

MR. SEHRING: But I got involved with Dr. Andre [E.] Hellegers, with the Perinatal Research Society; and I supported that. Again, Dr. Hellegers was an outstanding, many faceted person. I had him out here when I was president of the board of Columbus Academy, which is a private boys' school — well, now coed — and I invited him as the commencement speaker.

DR. GARTNER: Oh, nice.

MR. SEHRING: Because he was one unusual person. And he trained under Dr. Don [Donald H.] Barron as Dr. Battaglia did.

DR. GARTNER: Yes.

MR. SEHRING: And some of their stories were tremendous. But Dr. Hellegers was a very special individual. He was Dutch, as you know. I think he served on the Pope's [Pope Paul VI] Papal Commission [on Birth Control], so he had an influence within the Catholic Church, and then became head of the ethics department [Joseph P. and Rose F. Kennedy Institute of Ethics] at Georgetown University.

DR. GARTNER: Oh did he? I didn't know that.

MR. SEHRING: Yes. Down the road. And he was just a wonderful individual. Drank a lot, and I'm not saying that in a negative way, because he was as lucid after many drinks as anyone I've ever known. [Laughs] He was just an extraordinary person to be with. Talking about ethics, he always said it was better to have a heart attack than cancer for society, because with a heart attack, you're gone; with cancer, society is paying the bill for so many years. But he was an exciting speaker and a wonderful person. I think I got to know him through Dr. Battaglia. Again, that obstetrical connection.

DR. GARTNER: Right, right.

**MR. SEHRING: Maybe there should be a common specialty.**

DR. GARTNER: Well, years ago I had the same idea and proposed a residency which would be obstetrics but not gynecology, and neonatology but not the rest of pediatrics. It was pointed out to me that it would be very difficult to recruit people to this because when you got older, these were the 2 toughest areas to work.

**MR. SEHRING: Yes, yes. You're right.**

DR. GARTNER: And what would you do? [Laughs]

**MR. SEHRING: That's another thing. You know the observation about neonatology that you asked me earlier; that was always an observation I had about the nursing situation. Way back when, it was always the *younger* nurses that were in neonatology or in the NICU [Neonatal Intensive Care Unit]. I used to ask, "Why is this?" Because of the pressures, and the older nurse didn't want to be around that. I remember that.**

DR. GARTNER: It's hard work, and it's true. And also, nurses tended often to have a way in which they operated, in which they functioned. Changing after many years of doing it the same way didn't come easily.

We've been talking about neonatology, and Ross support and so forth, and your involvement in the US [United States]. Did Ross have any involvement with neonatology in Europe or Japan or anywhere else? South America?

**MR. SEHRING: Well, I mentioned the Survanta/surfactant issue.**

DR. GARTNER: Yes, right.

**MR. SEHRING: Okay, so there might have been some involvement via Abbott.**

DR. GARTNER: Right.

**MR. SEHRING: In terms of people: Undoubtedly, when we started Hot Topics, Abbott saw a potential because they were selling nutritional products**

overseas. They took on the task of inviting people from many different countries to come to the Hot Topics meeting, and they would pay their way.

DR. GARTNER: Oh?

**MR. SEHRING:** Now, we didn't have anything to do with it, but I think they saw an opportunity. The other thing is that we were involved, again, with the Ross Conference program, with people who were neonatology investigators from overseas. Some of them were Dr. Lucey's friends. And again, I'm going to block on the Italians. This one woman who would bring her dog in her arms [laughs]. I'm sorry I'm not recalling their names, but they were terrific people. I would go to the meetings they held, in either Milano or on the coast, where our actress friend who married the prince, you know, from Monaco.

DR. GARTNER: [Her Serene Highness Princess] Grace [of Monaco].

**MR. SEHRING:** But there were meetings in different places of Italy, and Dr. Lucey would tell me about them and say, "Dewey, why don't you come?" So I met people in those circumstances, and I did that for a number of years.

DR. GARTNER: Did you ever give any underwriting to any of the meetings in Europe?

**MR. SEHRING:** No, no. We didn't. Not that I can recall. I'm not sure even if Abbott did. I'm not sure.

DR. GARTNER: Okay. I guess in some ways, the next question is a silly one because I know the answer to it.

**MR. SEHRING:** That's all right.

DR. GARTNER: But I'll ask it anyway. Benefit of hindsight, if you were starting again in the 1950s, would you choose to do the same thing that you did?

**MR. SEHRING:** I had a wonderful 40 years. [Laughs] You know, I said to you before, or intimated: Could I have met the giants of pediatrics if I had become a physician?

DR. GARTNER: Yes, right.



**MR. SEHRING:** And let's assume I became a practicing physician, because I had friends in college that became obstetricians or what have you. Did they ever know the Lou Diamonds or the Harry Gordons?

DR. GARTNER: No, probably not.

**MR. SEHRING:** Or the Mel [Mary Ellen] Averys or the Grover Powers?

DR. GARTNER: Right.

**MR. SEHRING:** No. Or the Larry Gartners? [Laughs] No. No, but just look at it that way.

DR. GARTNER: Yes.

**MR. SEHRING:** And here's my brother chasing criminals as a detective in New York, and running people down, and tripping over and hurting a leg, maybe. These are people he arrested a week before and they're out again.

DR. GARTNER: Right.

**MR. SEHRING:** Do you think my brother was envious of me and the people I was in contact with?

[Phone rings]

**MR. SEHRING:** You bet he was.

DR. GARTNER: Yes. Do you want to answer that? [Laughs]

**MR. SEHRING:** No, let's forget it. Let's forget it. So, no regrets about the years.

DR. GARTNER: No regrets. I knew the answer to that one, but I wanted to put it on the record. Okay, I want to talk a little more now about the broader field of neonatology. When do you think newborn medicine began? I've asked everybody that same question.

**MR. SEHRING:** Gosh, that's a tough one. Newborn medicine as neonatology, or newborn medicine as part of pediatrics?

DR. GARTNER: Well, I don't know. I didn't call it neonatology purposely, I called it newborn medicine. Meaning, when did somebody think about newborns as a specialty?

**MR. SEHRING: I have to believe with the birth of the first baby. [Laughs] I mean, whether it was a midwife delivering it, the mother delivering it herself, or a trained nurse or physician.**

DR. GARTNER: That's a good answer. And a unique one! [Laughs] I like that! Good.

[Laughter]

**MR. SEHRING: In the Garden of Eden?**

[Laughter]

DR. GARTNER: I guess so. [Laughs]

MRS. GARTNER: No, I think it was after that!

[Laughter]

DR. GARTNER: It was after the garden.

**MR. SEHRING: I know! Yes, I'm sorry. Yes that's right! [Laughs] But there must have been some kind of eye there.**

MRS. GARTNER: Buried in that apple.

DR. GARTNER: Right.

**MR. SEHRING: Right, Carol. [Laughs]**

DR. GARTNER: What did you see as being the moving force in neonatology developing as a specialty? Did you see anything that was moving it along? I mean, you saw these people in the 1950s, when neonatology really wasn't a real subspecialty.

**MR. SEHRING: Right, right.**

DR. GARTNER: There were people doing it, but it wasn't a real subspecialty. Did you see anything in your perspective that was moving it toward becoming a subspecialty, a real discipline?

**MR. SEHRING: I think it gets back to people who were in the field who saw the need.**

DR. GARTNER: Were there any particular people you recall moving it in that direction, talking about it?

**MR. SEHRING: Well, I think I mentioned them. Dr. Lucey. Dr. Smith in Boston certainly had to be a factor.**

DR. GARTNER: Right.

**MR. SEHRING: I'm trying to think beyond that, but I can't escape the Mary Ellen Averys, the people like Millie [Mildred T.] Stahlman, just offhand. And there must have been somebody at Hopkins, but it may have been Avery at the time.**

DR. GARTNER: Yes. Gerry [Gerald B.] O'Dell maybe?

**MR. SEHRING: Gerry O'Dell, yes. Now I knew Gerry O'Dell at Yale. He was a good friend.**

DR. GARTNER: Ah, right. Yes.

**MR. SEHRING: One of the things, I think, that got me involved with the people at Yale was the fact that a number of them were living in these Quonset huts on campus.**

DR. GARTNER: Yes.

**MR. SEHRING: And the wives might be having babies, and I would offer them formula. If they were breastfeeding, they used the powder as a supplement. In fact, in 1951, there was no liquid.**

DR. GARTNER: That's right.

**MR. SEHRING: So it was powder, and powder as a supplement. And you know house staff, they have babies. So as I said, part of that gave me an**

acceptance, I think, at the time. And I remember people; do you know the name Dr. Morris [A.] Wessel?

DR. GARTNER: It sounds vaguely familiar.

**MR. SEHRING:** Dr. Wessel was a senior physician. Trained at Yale, probably, and had a private practice. I was always impressed by him, and I'll tell you the thing that impressed me. I was sitting in his office one day, and there were a lot of medical students there, with children, visiting him. Somehow, I heard the fee was like 5 or 10 dollars. And I said, "Dr. Wessel," when I got to talk to him, "Why do you charge the medical students?" And he said, "I charge them so they are not afraid of calling me, as an emergency or what have you, for advice." And I always thought, "What a great answer!" Well, now I'll tell you why you know the name Wessel. You read *The Wall Street Journal*?

DR. GARTNER: Occasionally.

**MR. SEHRING:** David Wessel writes a column for *The Wall Street Journal* that shows a drawing of a picture with a beard. He doesn't write every day, but he writes a big column, on the economy, usually. That's his son.

MRS. GARTNER: Golly.

**MR. SEHRING:** He had introduced me to his son at some meeting along the way. So not all physicians have physician children follow them.

[Laughter]

DR. GARTNER: That's true. We haven't talked at all about pediatric surgeons and pediatric surgery, particularly in neonatology. They've played a big role in cardiology, cardiac surgery, as well as general surgery.

**MR. SEHRING:** If you look at the Ross Conferences, you will see a number of conferences on pediatric surgery. There was one fellow at Hopkins, a pediatric surgeon who organized the conference for me. I'd have to look up the topic to see which one it was. We involved surgeons. Certainly, we get back to necrotizing enterocolitis as an example. But there are many other examples.

DR. GARTNER: They played a big role. The ones I remember: [David C.] Sabiston was there as pediatric; Alex [J.] Haller, Jr., was another one.

**MR. SEHRING: That's it. That's it.**

DR. GARTNER: Who had total baldness.

**MR. SEHRING: Interesting guy. Exactly.**

MR. GARTNER: He was very interesting. He was a wonderful teacher.

**MR. SEHRING: Wonderful guy. He chaired one of the conferences.**

DR. GARTNER: Yes. He was very good. He's still around.

**MR. SEHRING: Well, you know, Dr. Bob Cooke, whom I knew at Yale, went to Hopkins. We were very good friends. I mean, we would go to dinner often. He ultimately goes back to Buffalo as chairman.**

DR. GARTNER: Oh, that's right!

**MR. SEHRING: That's right. And I went up there one time. As I said, I have good friends, or one especially good friend, Dr. Bernie Eisenberg, pediatrician, and I went up.**

DR. GARTNER: Bob Cooke is still around and I met him at an ethics meeting that the Academy had.

**MR. SEHRING: He made tremendous contributions to pediatrics.**

DR. GARTNER: Oh yes. And probably was responsible for the NICHD being built through his relationship with the Kennedys.

**MR. SEHRING: I remember that. Dr. Saul Brusilow. I remember.**

DR. GARTNER: Oh yes, yes. Saul.

MRS. GARTNER: Yes.

**MR. SEHRING: Dr. Saul Brusilow, again from Yale. Oh, there's so many of them.**

DR. GARTNER: Let's see. We didn't talk very much about fellowship training. We talked about the fact that you involved the fellows in the conferences.

**MR. SEHRING: And the seminars.**

DR. GARTNER: And the seminars. But we didn't really talk about the training. Did you have any involvement in the development of fellowships or funding of fellowships, or any of that aspect?

**MR. SEHRING: Nothing I can recall offhand. I think the seminars were the strongest thing directed at the fellowship training. Now whether we gave some support through the department chairman, I can't recall. We could have. I just don't remember specifics.**

DR. GARTNER: We've sort of touched a little bit, either on-record or off-record, about the economics of healthcare: how healthcare gets paid for. Neonatology is a big chunk of the cost of healthcare.

**MR. SEHRING: Look at the octuplets. I mean, who's paying for that?**

DR. GARTNER: Yes. How do you feel about the expansion of neonatology and the cost of it?

**MR. SEHRING: Well, the first thing that comes to my mind as a parent: If I had a premature infant, I'd want to see every facility and everything devoted towards the welfare and health of the child. From a societal standpoint, stepping back now, we get into ethics. I've been present enough when these issues have been discussed. Whether Dr. Lucey had a meeting in Vermont, or what have you, and what I can remember with Dr. Korones. You're going to have people on one side saying, "Why do you want to save this baby with all these repercussions?" And then you have the Shelley Koroneses. I remember such a discussion, where he and this woman, not a physician, but someone with one of these groups, get into it about what should be done, what are the limits. It's a tough decision. I think that's why the neonatologist meets with the parents, to get a feel for how far the parents want to go. And, I guess, I would subscribe to that. It brings back my own situation a little bit: with Dorothy being Rh-negative and our being through 5 pregnancies, each one presumably showing higher levels of the negative —**

DR. GARTNER: The antibody, yes.

**MR. SEHRING:** Antibodies. I think we faced that, and I found myself not wanting a sixth child. Now, I was younger and I think Dorothy and I might have differed at that time. She's Catholic. I'm not Catholic. But I think that's a tough one.

DR. GARTNER: Yes.

**MR. SEHRING:** I really haven't gone into this much lately. The impact of having a child with multi-problems on the total of the family, on the other siblings, can be very significant. I'm sure marriages have broken up.

DR. GARTNER: Yes.

**MR. SEHRING:** I think other children may have been neglected because the mother has maybe devoted 90% of her time to the child with the problem. I think it's an individual decision. It's not an easy one. I think a neonatologist or obstetrician has to get a sense of the family's feelings, whether it's a religious situation or other issues.

DR. GARTNER: You're talking about how intense the care can be and how far they go.

**MR. SEHRING:** Exactly. Do you go all out? It's just like treating the adult. I know Dorothy and I don't want any extraordinary measures. We don't want to live as a vegetable.

DR. GARTNER: Right.

**MR. SEHRING:** You know, when you face it, I don't know how you decide. But I think the same thing applies to the younger age, with the problem being the young age.

DR. GARTNER: Do you think there's a limit to how small we can go in neonatology?

**MR. SEHRING:** Again, too long a time removed and I haven't gone to Hot Topics in a few years, but there must be a limit. There must be a limit. What is it? Twenty-four weeks, 26 weeks?

DR. GARTNER: Yes, well, it's down around 24 or 25.

**MR. SEHRING: But doesn't it depend on the individual baby and the situation?**

DR. GARTNER: Yes.

**MR. SEHRING: I mean, it's arbitrary to pick a number like 24 weeks. It's like me at 80 versus my neighbor at 80.**

DR. GARTNER: You're right; that's a good point. There's been a lot of discussion about that. I mean, it keeps getting pushed back.

**MR. SEHRING: I'm sure.**

DR. GARTNER: Whether there is a limit or not, I don't think we know.

**MR. SEHRING: There's something in the neonatologist individual that says, "Boy, I can do this. I can save this."**

DR. GARTNER: It's the challenge. There's no question.

**MR. SEHRING: But what are the repercussions?**

DR. GARTNER: Well, that's the problem.

**MR. SEHRING: The cost to society. Look at the octuplets. I think that physician, whoever implanted those embryos, should be disbarred. [Laughs] That's my feeling.**

DR. GARTNER: I don't think he was thinking.

**MR. SEHRING: You're asking me tough questions. I should ask you those.**

DR. GARTNER: Well, these are my tough questions. Over the years, over many years, neonatology has had some sort of major errors in management: drugs that weren't good for babies, as it turns out; things like that.

**MR. SEHRING: Oxygen levels.**



DR. GARTNER: Oxygen levels.

**MR. SEHRING: I think of Dr. Bill [William A.] Silverman.**

DR. GARTNER: There are a lot of them. I mean, it's part of the growth of neonatology.

**MR. SEHRING: Sure.**

DR. GARTNER: How do you feel about that?

**MR. SEHRING: Well you know, again I just quickly said Dr. Silverman, and the reason, as you know, is the retrolental fibroplasia situation. I think he always admitted that they didn't know at the time that giving too much oxygen was contributing to the problem. Some of it is trial and error, but I don't know how you progress without trial and error. And I have a great admiration for Dr. Silverman. I'll tell you a little story. [Laughs]**

DR. GARTNER: Okay.

**MR. SEHRING: This involves the Apgar Award, and I wouldn't have any problems stating this, or you retracting it. Dr. Silverman seemed to get very angry at fellow neonatologists, which you remember; Dr. Bill [William H.] Tooley being one of them. Dr. Silverman was nominated early to be the Apgar Award winner; I'm pretty sure of that. Again, I don't know how I would have heard of that, but I'm pretty sure of that. Maybe through Dr. James. He refused it. That was at a time when he was having problems with some of the experimentation and things that were going on, I think, with Bill Tooley, and not just his. When I say experimentation, I don't know whatever the major field was. That was very disappointing to all of us, that he would not accept the Apgar Award. Then down the road, his wife, Ruth, I think, got to him, and he accepted the Apgar Award. I remember the dinner out there, where it was held and everything. But the other thing I was going to mention about Dr. Silverman gets back to this relationship with industry. Dr. Dick [Richard L.] Day, you know, was his idol.**

DR. GARTNER: Oh yes.

**MR. SEHRING: In fact, I should mention that we had a series called "Landmarks [in Perinatology/Neonatology]."**

DR. GARTNER: Yes, I remember that.

**MR. SEHRING:** And I think Dr. Frank Morriss gave me that name. Themes would be key papers written, like Dr. Cornblath's paper on carbohydrate metabolism; Dick Day on something. And then I would get someone — in the case of Dr. Day, Bill Silverman — to comment on it. I'd get the signature of the key paper person, if he was living, or the commentator, if he wasn't living, and I gave them to the Academy for their archives. But Dr. Day received the Apgar Award and was in Chicago, and we sent out invitations. Sent one to Dr. Silverman. [Laughs] And I get back a letter, you know, something to the effect, "Well, this is to pay for my dinner," and so on. It may not have been any more than that. So we go, to Trader Vic's, a Hawaiian restaurant in Chicago.

MRS. GARTNER: It was in the bottom of the hotel. The Palmer House [Hilton].

**MR. SEHRING:** But we were having a luncheon, not a dinner. So he writes me this letter. It was either "Here's the money," so I had to give back to him if he showed up. I said, "It's a luncheon, it's not a dinner." Another person we haven't mentioned, Dr. Sydney Gellis.

DR. GARTNER: Yes, that's right.

**MR. SEHRING:** He took off on Dr. Gellis in *Pediatrics*, because he was writing those commentaries for Dr. Lucey.

DR. GARTNER: Right.

**MR. SEHRING:** You know, really, there was so much of that stuff. And I had to be quiet. [Laughs] But you know, as you look back at them, you think, "Here is someone like Dr. Silverman — just a giant — and yet, he could feel like any of us."

DR. GARTNER: He had some unique views about things.

**MR. SEHRING:** Oh yes, yes. And the ethical views.

DR. GARTNER: Oh yes, ethical, absolutely.

**MR. SEHRING:** But what a wonderful man.

DR. GARTNER: Let's see. Do you have any thoughts about the role of nurse practitioners, who seem to be doing more active clinical work in neonatal intensive care. Do you have any involvement with that?

**MR. SEHRING: I don't think I have enough experience and observations. All I can tell you is in the drug stores today — and my son went to the one in Kroger's [The Kroger Co.] over here — you know, you go and see a nurse. And they're prescribing drugs and everything.**

DR. GARTNER: Call it retail medicine.

**MR. SEHRING: Yes. [Laughs] Yes. I don't know.**

DR. GARTNER: The Academy is not happy at all with retail medicine.

**MR. SEHRING: I'm sure.**

DR. GARTNER: I'm not happy either.

**MR. SEHRING: I wouldn't be.**

DR. GARTNER: What do you see as sort of the major ethical issues in neonatology? We've sort of touched on some of them, but we haven't really focused on that.

**MR. SEHRING: Yes, we've touched on them. Well, when to say, "No more." I think that's the big one,**

DR. GARTNER: That's the big one, yes. No question.

**MR. SEHRING: And again, I don't know how you people can judge whether you've reached the limit of what you can do. Do you keep pushing whatever? You know, it's not an exact science, is it?**

DR. GARTNER: No, it isn't. I mean, you do the best you can.

**MR. SEHRING: You do the best you can.**

DR. GARTNER: And we often are on the side of doing more than we should because we aren't sure.

**MR. SEHRING: That's right.**

DR. GARTNER: But I think you made the point earlier about the involvement of the parents in those decisions.

**MR. SEHRING: Right.**

DR. GARTNER: How about the ethics of the relationship of the pharmaceutical companies to neonatology? Not necessarily Ross, but in general, pharmaceutical companies' responsibilities in terms of drugs, in terms of equipment, and so forth.

**MR. SEHRING: I think the need has to come — just like the surfactant situation — from the neonatologists or the medical community. What's needed?**

DR. GARTNER: Right.

**MR. SEHRING: And then, through whatever is going on in the academic communities and whether industry could come in and aid them. I think again of what Duane Alexander said about the "Back to Sleep Program" that that neonatologist from Virginia was involved in, whom I know very well.**

DR. GARTNER: Yes. [John] Kattwinkel.

**MR. SEHRING: Dr. Kattwinkel, who trained at Cleveland [Case Western Reserve University]. What's the need? Can industry come in and work with the academician? I have a lot of problems with drugs. I see it with Dorothy. I'm really someone who's very careful about what drug I take because I may be on 4 drugs, and you can't tell me how the one you're adding is going to interact with those other drugs.**

DR. GARTNER: That's right. Quite right.

**MR. SEHRING: Nobody does. I once thought that with Jerry Lucey. You know, he does these surveys on neonatology and what goes on in the different units, and he compiles something.**

DR. GARTNER: Yes.

**MR. SEHRING:** I once thought: Could one go out and get a cadre of physicians — I don't know, a thousand, 2 thousand physicians — in different fields, ask them what drugs they have patients with what diseases on, and is there a chance of drugs that are studied separately, before they are approved, not conjointly with these others. Is there any information to be gathered there?

DR. GARTNER: Right.

**MR. SEHRING:** Because I get concerned about it.

DR. GARTNER: Yes.

**MR. SEHRING:** You don't know how these things are all going together.

DR. GARTNER: That's right.

**MR. SEHRING:** Now the pharmacist or your physician is supposed to, but they don't know.

DR. GARTNER: They don't know in all cases, obviously.

**MR. SEHRING:** Because they've never been tested.

DR. GARTNER: I guess my question was more the obligation of the pharmaceutical companies to testing of drugs, specifically in newborns.

**MR. SEHRING:** Ah.

DR. GARTNER: And the ethics of that: How do you do it? Can you do it? Most drugs that are being used in newborns are probably used off-label.

**MR. SEHRING:** That's right. I know that. Or if they're not used off-label, I have to wonder if they're tested in developing countries or something. I don't know.

DR. GARTNER: I think it's a big issue. And there've been a lot of errors as a result.

**MR. SEHRING:** Yes, there have been. I think the pediatrician adjusts the dosage, not just the neonatologist. But that's a tough one. That's a tough one.

MRS. GARTNER: Before you go on to the next question, I think we should stop.

DR. GARTNER: You want to change? Okay. Then we'll stop.

[Recording interruption]

DR. GARTNER: Okay, we're back on. Are there any other ethical issues that you'd like to talk about?

**MR. SEHRING:** I can't think of anything. I think the issue with the industry is a key one, and obviously the approach to the infant in the nursery is a key one for the medical profession.

DR. GARTNER: One issue that come up recently, which I must admit I didn't know until recent years: Powdered formula is not sterile. Most pediatricians and neonatologists assumed that powdered formula was sterile. It turns out, it's never sterile. It always has bacteria. It's not sterilized.

**MR. SEHRING:** You know, I would have difficulty answering that, but I think there may be some truth to that. But I would be like you thinking it was sterile, and yet something in the back of my mind suggests that it — you know, first of all, once you open it —

DR. GARTNER: Oh, once it's open. Yes. Well, what happened is that some preemies, who were particularly susceptible, got some powdered formula that was not sterilized. They just mixed it and fed it, and these babies became septic.

**MR. SEHRING:** Has anyone checked with companies on —

DR. GARTNER: Well, now it's known.

**MR. SEHRING:** Oh, it is? Oh, good.

DR. GARTNER: All powdered formulas have some small amounts of contaminant in it.

**MR. SEHRING:** One would hope the contaminant is not a pathogen.

DR. GARTNER: Right. But it sort of opened up some issues that people were concerned about. I mean now, I think everybody is sterilizing what they prepare for preemies at least, not for older kids because it doesn't seem to matter.

**MR. SEHRING: I'm thinking back to our own situation with breastfeeding babies. We used the powder as a supplement rather than the liquid because it was more economical to do so.**

DR. GARTNER: Right.

**MR. SEHRING: But I don't recall any problems with that.**

DR. GARTNER: I didn't either.

**MR. SEHRING: But when you mentioned it, it seemed to me there may be some basis for that. But again, that they're not pathogenic. I don't know.**

DR. GARTNER: Well, apparently some of it is for small preemies; that's the problem. They're highly susceptible babies.

**MR. SEHRING: Well, yes. That brings in an immunologic situation with the infant.**

DR. GARTNER: That's right, yes.

**MR. SEHRING: That's a good point.**

DR. GARTNER: You talked about how you and Ross became involved with neonatology, and how at least your piece of the pharmaceutical industry became involved as formula manufacturers. Do you have any additional insight into how and why the pharmaceutical companies — and particularly the formula companies — became involved with neonatology, other than the obvious one: feeding the babies? Were there any business reasons or others?

**MR. SEHRING: Well, we covered the surfactant thing. That certainly speaks to me that the neonatologist and the baby, whether it's a newborn or a preemie, are synonymous. Many times the neonatologist is the decision maker for what's happening in the nursery. Not just the neonatology unit. He often is, or she often is heading —**

DR. GARTNER: Oh yes. You mean the general nursery, yes.

**MR. SEHRING:** The general nursery. Well, you can see that means how important that individual is in deciding, and things have changed this way, I think. What would be the formula used in that nursery? Not just the neonatology nursery, but the general nursery.

Some of the things that may have changed that over the years are these bidding situations for the WIC [Women, Infants, and Children] Program. I can remember that if a certain state went for — whether it was Wyeth or Mead Johnson or Ross, it just followed that every baby coming out of that nursery — because they used to give out samples. I'm not sure if they give samples out anymore.

DR. GARTNER: They still do in many places.

**MR. SEHRING:** Many places forbid them.

DR. GARTNER: Some have stopped, yes.

**MR. SEHRING:** But if then the unit used one formula, then every baby went home with it. It's what Dave Cox used to call the herd instinct. These mothers go home with the infant formula and the neighbor says, "Well, what are you using?"

DR. GARTNER: Yes.

**MR. SEHRING:** And the neighbor's sister says, "Well, what are you using?" The herd instinct played a big role. And I think Dave learned of that through The Boston Consulting Group, which I think still is in existence. But I think it was a marketing concept.

DR. GARTNER: Right.

**MR. SEHRING:** Now early in the game, they may have used different formulas. But at some point, for efficiency, they then often went to one formula. And the question was, "Was the formula free? Was it given one free, one cost?" And then, ultimately, totally free was given.

DR. GARTNER: Usually given free, and usually the inducement was —



**MR. SEHRING:** Right. And then the sampling: you know, handing out the sample. I don't know if any of this exists anymore.

DR. GARTNER: Yes.

**MR. SEHRING:** You say yes? Okay.

DR. GARTNER: I think it still does.

**MR. SEHRING:** But WIC can be a factor.

DR. GARTNER: Yes.

**MR. SEHRING:** And so, it was important. I remember hearing many times how we were out-bid or under-bid, by maybe a competitor.

DR. GARTNER: Yes. For the WIC contract for the state.

**MR. SEHRING:** Yes. But if that hospital then converted, the benefit was beyond just the WIC patient.

DR. GARTNER: Yes.

**MR. SEHRING:** The WIC patient was not a profitable patient oftentimes because they got formula —

DR. GARTNER: It was actually — you had to give a rebate. I think they paid to get the contract.

**MR. SEHRING:** I almost think they got the formula — the WIC patient — almost at cost of manufacture.

DR. GARTNER: Yes. I thought, actually, that in many states they required the formula companies to pay because that paid for the WIC Program.

**MR. SEHRING:** They may have.

DR. GARTNER: That's how the WIC Program expanded.

**MR. SEHRING:** I was out of that. [Laughs]

DR. GARTNER: You're not involved in the marketing. [Laughs]

**MR. SEHRING: I didn't know what was going on there.**

DR. GARTNER: How do you feel about the marketing of infant formula by having these clubs where mothers sign up for —

**MR. SEHRING: Never had any experience with it. I don't like the sound of it, but you haven't given me the details. I don't like it. That sounds like the Avon lady or something coming. [Laughs] Does the representative go to them?**

DR. GARTNER: No, a pile of cards is left in the obstetrician's office and it says, "Sign up and we'll send you free information, and booklets, and books, and so forth." And mothers send in the cards; now they have the address and the name, and they know when they're delivering. And then they send them gift packs and free formula and so forth, to get them started.

**MR. SEHRING: They do this stuff with drugs. You can order a drug free, "Call in and we'll get you a 30-day supply free."**

DR. GARTNER: That's right.

**MR. SEHRING: And after that —**

DR. GARTNER: You're hooked.

**MR. SEHRING: You're hooked, and you pay for it.**

DR. GARTNER: I think that's one of the problems that have come up in the marketing of drugs in general.

MRS. GARTNER: Weren't there instances where — I don't know if it was the representatives, but somebody was buying lists from the nurses in the OB?

DR. GARTNER: Oh yes, and secretaries.

**MR. SEHRING: Really?**

DR. GARTNER: They would get the list of the names, addresses, and phone numbers of the pregnant women.

MRS. GARTNER: Yes.

DR. GARTNER: Which now, of course, is a strict violation of federal code. But, whether it goes on or not, I don't know.

**MR. SEHRING: I never saw anything like that. But I'm not surprised when you mention it.**

MRS. GARTNER: No, neither am I.

DR. GARTNER: As you know, I have special interest in breastfeeding and have been involved in this, and some people have expressed a great deal of concern about the close relationship of the formula industry with neonatology, that this had a negative effect on breastfeeding. And I just wondered what your view of this — sort of from the inside, from somebody involved with Ross. And has it changed?

**MR. SEHRING: But the neonatologists never took a position on whether a mother breastfed or didn't breastfeed.**

DR. GARTNER: No, no.

**MR. SEHRING: If anything, I thought most physicians — even back then when only 25% of mothers were breastfeeding. And then it went up to, I think, 75%.**

DR. GARTNER: Yes, that's where we are now.

**MR. SEHRING: But you have to know whether a mother is working. You know, you remind me of so many things. I approached Dave Cox one time, and I said, "Dave, why don't we have, at Ross Laboratories, an opportunity for mothers to nurse their babies?"**

DR. GARTNER: For employees.

**MR. SEHRING: For employees. And this was way back.**

DR. GARTNER: Yes.

**MR. SEHRING:** And I said, “Just think, Dave, here is Ross Laboratories”, just think how we could have sold that. “Here is Ross Laboratories, with a situation in their offices where they’re giving mothers an opportunity to nurse their babies.” And care for the baby, you know, while the mother is back maybe as a secretary or whatever her position was. He wouldn’t buy it. I was surprised. I thought he would. He wouldn’t buy it because people are afraid — just like the physician — of malpractice, some kind of thing.

DR. GARTNER: Liability.

**MR. SEHRING:** Liability happening.

DR. GARTNER: Although that’s become, now, more and more common. And actually Ross Laboratories in recent years was proposing a program of services to companies — to industry in general, and offices — to develop a breastfeeding program in the workplace.

**MR. SEHRING:** Sure. That would have been great.

DR. GARTNER: Now, I don’t know whether they did it or not.

**MR. SEHRING:** No, he backed away.

DR. GARTNER: He wouldn’t do it for Ross?

**MR. SEHRING:** He wouldn’t consider it.

DR. GARTNER: That’s interesting.

**MR. SEHRING:** I also had proposed one time that they provide assistance in investing. He wouldn’t do that either at the time because, again, concern with — call it liability, malpractice, or what have you.

DR. GARTNER: Yes, well, I guess that’s true.

**MR. SEHRING:** But I would have been so proud if I could have gone out and said to a Ruth Lawrence or a critic, “Hey, we’re encouraging it.”

DR. GARTNER: That would have been nice.

**MR. SEHRING:** Lost opportunity.

DR. GARTNER: Yes.

**MR. SEHRING: But those happen.**

DR. GARTNER: Ross and other formula companies have been major and important supporters, financially, of the American Academy of Pediatrics.

**MR. SEHRING: Right.**

DR. GARTNER: How do you view that relationship and your role in it, and has that changed at all since you left the company?

**MR. SEHRING: I don't know.**

DR. GARTNER: You don't know. But how about while you were there? How did that relationship develop?

**MR. SEHRING: You know, Larry, I'm somewhat of an idealist. And if I had the opportunity to provide what I perceived as something to help the physician help his patient, and the Academy represented the group to do that, I would love to put the money in. And you know, I would like to be recognized for it, though.**

DR. GARTNER: But you want the name on the product or the —

**MR. SEHRING: Well, like I told you before, I think there is something to competition. Now, I think the recipient has to weigh that. If they don't agree with that — if Cathy, doesn't agree, I can accept her position.**

DR. GARTNER: Cathy DeAngelis.

**MR. SEHRING: I used to think she was a friend. If she disagreed with me, I had no problem with that.**

DR. GARTNER: She could still be your friend.

**MR. SEHRING: She was a friend. I don't think she ever read my paper, though, [laughs] because I think there's so much in there that she would have agreed with. But I don't know, she might have read it. [Laughs] I was retired by then.**

DR. GARTNER: I'll have to ask her.

**MR. SEHRING: If you ever see her, do. Bring the paper. Give her a copy of the paper and say, "Did you ever read Dewey's presentation?" [Laughs]**

DR. GARTNER: Okay. [Laughs]

**MR. SEHRING: It was a bad presentation. I went out to see how the thing was set up — where the screen would be, where the podium would be — and the fellow reassured me that was the way it would be. I got there, and they had moved the podium, moved the screen. I could hardly read the screen and the slides.**

DR. GARTNER: Yes, they often do that. That's a big problem.

Let's see, what are we on here? Oh we're getting to the end, last page.

**MR. SEHRING: Good! [Laughs]**

DR. GARTNER: I have something I want to ask you before I ask a few more questions here. Carol and I have always thought that no one put on a better dinner, or a better organized meeting, than you. That you were the very epitome of the ideal.

**MR. SEHRING: Yes? I think I know what you're going to ask.**

DR. GARTNER: I want to know how you learned that and how you did it. Tell us your secrets. [Laughs] I know that's what Carol really wants to know. [Laughs]

MRS. GARTNER: I just want to know, is that the question you expected?

**MR. SEHRING: You know, I thought he was going to say to me, "Did you have someone do this for you?"**

DR. GARTNER: Oh, no! That never occurred to me. [Laughs]

**MR. SEHRING: If you look at the places that we held the meetings, whether it's a place in Puerto Rico, or St. Martin, or out in Arizona — any of these places, I went and looked at them. I didn't designate someone in the**

department, like my secretary or any of the people. I went. I can remember flying from the RockResort in Puerto Rico over to the coast, with Bill Silverman, where we were going to hold something. Flying in this — now that I think of flying in these planes! [Laughs] But I wanted to see it. I wanted to experience it, if you will. And as far as the selection — like the World Trade Center — you know, I would meet with whoever the maitre d' was, or anything like that, and look at the menus. But I didn't have any special talent.

DR. GARTNER: Well, I think you did. [Laughs]. Because they were special.

**MR. SEHRING:** But maybe the people I went with or worked with in those places were very helpful to me because they were looking for, maybe, a repeat situation. And we used the Windows on the World in the World Trade Center.

DR. GARTNER: Oh, we went there. Well, sadly it's not there anymore.

**MR. SEHRING:** No, not there.

DR. GARTNER: Yes.

**MR. SEHRING:** But really, it was just taking the responsibility of trying to make sure this was well done and did not run into something that would be embarrassing.

DR. GARTNER: Well, they were always just wonderfully well run with — I mean, I remember them as the Howland Award dinners and other events.

**MR. SEHRING:** But I enjoyed doing it.

DR. GARTNER: Now the Howland Awards are no longer sponsored.

**MR. SEHRING:** I'm sure it isn't.

DR. GARTNER: You have to pay for them.

MRS. GARTNER: Now it's a big hotel dinner like all the others.

**MR. SEHRING:** Yes.

DR. GARTNER: And they're just not the same. I mean, aside from the fact that you have to pay for it, which is okay, they're just not the same.

**MR. SEHRING: Do you know if the award is still given by Ross?**

DR. GARTNER: That I don't know.

**MR. SEHRING: I don't know either. They don't have a director of professional services. They haven't had one for years.**

DR. GARTNER: No.

**MR. SEHRING: There was a woman who came after me.**

DR. GARTNER: A tall lady.

**MR. SEHRING: Yes.**

DR. GARTNER: Wasn't her name [Rebecca] Johnson?

**MR. SEHRING: She married Ed [Edward F.] Bell from Iowa [University of Iowa Children's Hospital]. She married him, which was interesting.**

DR. GARTNER: What was her name? Johnson?

**MR. SEHRING: Yes, Becky [Rebecca Johnson].**

DR. GARTNER: She left; I don't know what happened.

**MR. SEHRING: She moved to Iowa. I think she wanted to continue in the job, but out there I don't think they would let her. But she had done a pretty good job from what I heard.**

DR. GARTNER: I'm not sure anyone could have filled your shoes.

**MR. SEHRING: Clint Johnson came after me, and then Becky came after Clint.**

MRS. GARTNER: I think the reason they were so nice, though, was that you really thought, not so much about either yourself or the occasion or the company;



you just thought about the people who were coming and you wanted them to enjoy it.

**MR. SEHRING: Oh, definitely. Definitely.**

MRS. GARTNER: And that was very obvious. And that was very different, actually.

**MR. SEHRING: And no commercialism.**

DR. GARTNER: No.

MRS. GARTNER: I remember 2 of them particularly: One was at Disneyland, and it was a private club.

**MR. SEHRING: Oh, I remember that! Yes.**

MRS. GARTNER: Yes, that was a lovely one, that private club.

**MR. SEHRING: I was a little unsure of that one.**

DR. GARTNER: It came off well.

MRS. GARTNER: Well it had an interesting atmosphere.

**MR. SEHRING: I think that was for Dr. Stan James, now that I remember it.**

DR. GARTNER: It may have been.

**MR. SEHRING: Where was the meeting at that time?**

DR. GARTNER: There was a big conference center there.

MRS. GARTNER: It was a hotel.

**MR. SEHRING: Yes, that was part of the problem.**

MRS. GARTNER: But that turned out to be, actually, a very special place.

**MR. SEHRING: You're right. That was a special place.**

DR. GARTNER: That's right. What was the other one?

MRS. GARTNER: The other one was the hotel in Naples, Florida. I don't know what dinner that was, actually. That was not one of the Academy dinners

**MR. SEHRING: It wasn't the department chairman, was it?**

MRS. GARTNER: It might be. Yes, I think it was, as a matter of fact.

**MR. SEHRING: That was on Marco [Island].**

DR. GARTNER: I wonder if this was a Ross Conference.

MRS. GARTNER: I don't know what it was.

DR. GARTNER: Did you ever go to a Ross Conference?

**MR. SEHRING: Now we have had Ross Conferences or seminars on Captiva [Island].**

MRS. GARTNER: This was Naples.

**MR. SEHRING: It wasn't Naples. In Naples my daughter has a condo and we — until the last 2 years with Dorothy, we have gone to the condo. She's trying to sell it now, I think.**

DR. GARTNER: The other thing that I have to tell you is that I never go to a meeting of any kind where they give me my name tag without thinking of you.

**MR. SEHRING: Why?**

DR. GARTNER: And that's because you pointed out that the tag should be on the right lapel and not the left lapel.

**MR. SEHRING: That's right! [Laughs]**

DR. GARTNER: Now where did you learn that? Or did you realize it yourself?

**MR. SEHRING:** No, no. There was a physician — and I'll never remember his name — who taught me that one time, and I never forgot it. And I'm not even sure he was a pediatrician. But he told me that, and I'll never forget it. And I always remind people of that, but most people wear them on the left.

DR. GARTNER: And I tell people that also, and I tell them that you're the one that told me. [Laughs]

**MR. SEHRING:** That's for you to remember. [Laughs] See what you got from me for all those years?

DR. GARTNER: That's right. That's right. Now, let me talk about the future.

**MR. SEHRING:** Okay.

DR. GARTNER: Now you can just dream. And everybody has different dreams. What do you think the future of neonatology is going to look like? How wild do you think it's going to be?

**MR. SEHRING:** Well, I get back to what we were talking about before. I think the obstetrician and neonatologist have to work more closely together. The obstetrician has to take input from the neonatologist. I don't know if there's any feedback that way at all, or either way.

DR. GARTNER: Well, some but not very much.

**MR. SEHRING:** But I think that, to me, would be a key. I think the issue you bring up is how small is too small?

DR. GARTNER: Yes.

**MR. SEHRING:** I don't know. I think in this country we may see a reduction in the number of births. I'm not sure. I'm not sure because with the immigration issue, that may compensate for the reduction in some families.

DR. GARTNER: Probably not. Well, prematurity rates have doubled, which is appalling to me.

**MR. SEHRING:** Yes, yes.

DR. GARTNER: There are many reasons for it.

**MR. SEHRING: Well, teenage pregnancies, although I understand that's been reduced somewhat.**

DR. GARTNER: Yes, that's the obstetricians.

**MR. SEHRING: I don't know how much is affected by the ethnicity of the population. Higher numbers in the black community?**

DR. GARTNER: Yes, there is, but that probably hasn't changed that much. Obstetric practices have been a big factor in induction of labor and planned pregnancies.

**MR. SEHRING: I know if you ask my daughter, Jenifer, if she'd rather have a C-section [Caesarean] than go through the experience with the regular delivery and then had a C-section; she would opt for the C-section.**

DR. GARTNER: Well, C-sections have gone way up, but that's also increased prematurity.

**MR. SEHRING: Yes. Is it for the convenience of the physician?**

DR. GARTNER: Sometimes. Sometimes the mother, sometimes the physician, sometimes they just misjudge the gestational age.

**MR. SEHRING: Yes, yes.**

DR. GARTNER: But there are lots of factors. How about technology? I mean, a lot of the success of neonatology has been because of new ventilators, new drugs, new equipment of all kinds. Do you think there's anything in the future that's going to change and make it even more remarkable?

**MR. SEHRING: I'm trying to think of what one could do. I don't think I'm the one to answer that one. [Laughs] Go to some computer person.**

DR. GARTNER: Actually most of the neonatologists don't have anything more.

[Laughter]

DR. GARTNER: Anything else about the future of neonatology? Training? Funding? Economics?

**MR. SEHRING: I guess the first question I would have to ask is, are fewer people going into neonatology?**

DR. GARTNER: As a subspecialty? I don't think so. I think the numbers are up there. It's still the number one subspecialty.

**MR. SEHRING: How about the sexual difference of male-female?**

DR. GARTNER: Oh, I'm sure there are more women.

**MR. SEHRING: What about pay?**

DR. GARTNER: I think neonatologists are still being paid well. And I think they're being paid well because for most hospitals, neonatology is a big money-maker.

**MR. SEHRING: Well I think that if you don't have a neonatologist, you lack. From a perception viewpoint, at least, people are familiar with neonatology. If you don't have one, you're not high-class medical care.**

DR. GARTNER: And, these days, general pediatricians in practice no longer want to go into the delivery room.

**MR. SEHRING: That's right. Even to see the newborn nursery.**

DR. GARTNER: They don't want anything to do with it.

**MR. SEHRING: Yes. Even the normal newborns.**

DR. GARTNER: And often in the newborn nursery also; they don't want to.

**MR. SEHRING: Yes, I noticed that.**

DR. GARTNER: Because they can't charge enough to make it worthwhile to leave the office.

**MR. SEHRING: Is there any need for extra training? Lengthier training?**

DR. GARTNER: Well, there's always been the argument about research. Should we train? Now all neonatologists are trained in research, and most of them end up never doing any research.

**MR. SEHRING: Right, right.**

DR. GARTNER: So some people suggested shortening the duration of training and so forth.

Anyway, anything we've left out? Anything we should talk about other than looking at all of your awards and pictures, which we will do.

[Laughter]

**MR. SEHRING: I can't think of anything.**

DR. GARTNER: Why don't we stay here. I have to get the still camera out.

MRS. GARTNER: I took it out already.

DR. GARTNER: Do you want to take us?

MRS. GARTNER: I did take some. I'll take some others, though, because I'm not sure the ones I took were very good, because I was doing it while I was doing other things.

**MR. SEHRING: I wish I would remember that woman's name.**

DR. GARTNER: This was somebody in Philadelphia?

**MR. SEHRING: In Philadelphia. You have to remember her name.**

DR. GARTNER: Who do I know in Philadelphia? Lois Johnson, but her husband wasn't a physician.

**MR. SEHRING: No, not Lois Johnson.**

MRS. GARTNER: Well, first I'm going to take the 2 of you, but Larry, go sit down next to Dewey.

[Recording interruption]

DR. GARTNER: We're recording. We're looking at pictures.

**MR. SEHRING: There's Norm [Norman] Kretchmer.**

DR. GARTNER: Yes.

**MR. SEHRING: Tim Oliver. I can't even remember all these names. Here's Henry Kempe.**

DR. GARTNER: Oh yes. All right.

**MR. SEHRING: Marv [Marvin] Cornblath.**

DR. GARTNER: Is that Marv?

**MR. SEHRING: That's Marvin.**

DR. GARTNER: Yes, it is.

MRS. GARTNER: Do you want this too. Should I turn this on?

DR. GARTNER: You don't need that. It's really the plaques and the awards, I think.

MRS. GARTNER: Well, here, hold that.

DR. GARTNER: What year was this done, do you know?

**MR. SEHRING: Oh that was probably about 1970. 1972, 1974. There's the person. There's the person! And I'll tell you who she is.**

DR. GARTNER: Who is she?

**MR. SEHRING: You know who she is.**

DR. GARTNER: She doesn't look familiar.

**MR. SEHRING: Oh, that's the wrong picture. She doesn't look familiar to you?**

DR. GARTNER: No.

MRS. GARTNER: Who is that?

DR. GARTNER: This woman. Oh yes! Now that I looked at it more closely, she looks familiar.

MRS. GARTNER: That's a real long time ago.

DR. GARTNER: She's in San Francisco.

**MR. SEHRING: She was in Philadelphia with her husband.**

DR. GARTNER: She was, yes. But she's been in San Francisco — with an R.

**MR. SEHRING: Oh really?**

DR. GARTNER: Maybe she's back in Philadelphia.

**MR. SEHRING: This is Steve Gabbe. This is Tom Pansing.**

DR. GARTNER: Yes, that's right. That's right.

**MR. SEHRING: And this was a fellow from Yale.**

DR. GARTNER: Yes, yes that's right.

**MR. SEHRING: I forget her. And this is — oh, he's out in California.**

DR. GARTNER: If we could read his name tag we could tell. [Laughs] My eyes aren't good enough.

**MR. SEHRING: I should've put their names on the back.**

DR. GARTNER: It's good to have some pictures of you in your youth.

**MR. SEHRING: Now, we have those big pictures if you wanted any of those. You know the ones that Joe Lessey had done?**

DR. GARTNER: Yes, those I think we'll take. We will do those.



**MR. SEHRING:** These are too small.

DR. GARTNER: This won't fit.

**MR. SEHRING:** Look how many people in gastroenterology.

MRS. GARTNER: The Ross seminar.

DR. GARTNER: I should know a lot of those people.

**MR. SEHRING:** That was the second one, the second meeting.

MRS. GARTNER: Why don't we come over here? I was going to take a picture of the ones you put up there against the bookcase.

**MR. SEHRING:** There was a conference — **The Micropremie: The Next Frontier. That was the name.**

DR. GARTNER: Oh, there we go. What year was that?

**MR. SEHRING:** Does it say on the front?

MRS. GARTNER: 1989.

DR. GARTNER: A micropremie has gotten a lot smaller since then.

[Laughter]

**MR. SEHRING:** Those probably are better to take. Oh that's my favorite.

MRS. GARTNER: Okay. Tell us about it.

**MR. SEHRING:** Oh, that was awarded by Dr. Lucey for — the reason it's my favorite — all those things I did in terms of attending meetings: without a yawn.

MRS. GARTNER: Should we read it? Vermont "Great Guy" Award, 1982, Dewey Sehring. Awarded for the following: 30 years of service to pediatricians, for surviving 653 cocktail parties and over 1,000 dinners, for attending over 4,896

hours of lectures, symposia, and post-graduate courses with nary a yawn or audible groan.

DR. GARTNER: I like that.

MRS. GARTNER: — for developing and sponsoring research meetings and awards which have been invaluable to pediatrics, for being the most admired and inspired director of professional services in the U.S.A. [United States of America], for never having said a bad word about breastfeeding.

**MR. SEHRING: That's a key phrase.**

DR. GARTNER: Yes.

**MR. SEHRING: And that's a picture of me getting the award from Dr. McKay and Dr. Lucey.**

MRS. GARTNER: The talk you were talking about, that you gave Larry to read? I think that should be put in at the end as an appendix to the oral history.

DR. GARTNER: I will. I'm going to.

**MR. SEHRING: I don't know what you want to do. I laid them out.**

DR. GARTNER: Well, you can go around and take pictures, Carol. And I'll take pictures.

**MR. SEHRING: It's really hard to capture these on film, though. Isn't it?**

MRS. GARTNER: Well, let's say this: You have quite a few of these here. Which one would you say is your favorite?

**MR. SEHRING: Oh, I wouldn't do that. [Laughs]**

DR. GARTNER: Like picking out children! [Laughs]

MRS. GARTNER: Okay. Well, tell us a little bit about what you remember about a few of them.

**MR. SEHRING: Most of them, I think, like the Society for Pediatric Research — Western [Society for Pediatric Research], Southern [Society for**

**Pediatric Research] — they're given just because of the support over the years.**

MRS. GARTNER: Right.

**MR. SEHRING: This is from Abbott, or I should say Ross itself. What is this one? National Perinatal Association: dedicated to promoting perinatal health through fostering the delivery of optimal care with affection. June 1990. So that's when I retired.**

MRS. GARTNER: Ah, okay.

**MR. SEHRING: And then the one from George Armstrong lectureship.**

DR. GARTNER: Oh, yes.

**MR. SEHRING: These are my obstetric ones. One is the Society of Perinatal Obstetricians; one is the SGI: Society for Gynecologic Investigation; this one is neonatal-perinatal care; that's from the American Academy of Pediatrics, might be honorary section member [American Academy of Pediatrics, Section on Perinatal Pediatrics, Honorary Member].**

**Where is the one from Duane?**

DR. GARTNER: Oh, from the NIH [National Institutes of Health]. Yes. Here, I'll get it.

**MR. SEHRING: No this is the Ambulatory Pediatric Association.**

DR. GARTNER: Oh.

**MR. SEHRING: Well, we got the Armstrong lectureship, so I don't know. This is the Armstrong. That's the National Institute of [Child] Health [and Human Development, Director's Award]. That's the one.**

MRS. GARTNER: That's the one, okay. Ooh, that's a heavy one. Larry grab this. I can't hold this, it's too heavy. I can take a picture of it if you can get it in a proper position.

**MR. SEHRING: And this one will be hard with the black.**

MRS. GARTNER: Yes, it's just reflecting.

**MR. SEHRING: That's the NICHD.**

MRS. GARTNER: Here we go. The National Institute of Child Health and Human Development presents this award to Dewey A. Sehring — nourisher of children, benefactor of pediatrics, advocate for research and education — in recognition of his career-long role in bringing the results of research in pediatrics to the attention of practitioners, and his staunch support for providing the very best nutrition and healthcare to children everywhere.

**MR. SEHRING: That's a good one.**

MRS. GARTNER: Yes. Very nice.

**MR. SEHRING: I don't think the other ones are —**

MRS. GARTNER: You were going to tell us about these over here.

**MR. SEHRING: This was in New Delhi, India, for the International Pediatric Association. I can't give you the year. But that's by the original artist, whom I met, and he said I made him world famous because all the pediatricians who were there got a copy of that. And this one is from Argentina. It was the International Pediatric Association meeting in Buenos Aires.**

MRS. GARTNER: It's a nice one.

**MR. SEHRING: The other ones are really just of family things relative to where my grandmother was born. I don't have any of the other posters. We have them from each IPA [International Pediatric Association] meeting, but we commissioned Abbott — I had Abbott hire someone, and then they sent me the original of the Indian one.**

MRS. GARTNER: Anything else? How about some more pictures on the wall here? Did we want to do those?

**MR. SEHRING: Maybe Jerry Lucey.**

MRS. GARTNER: Oh, these. Those?

**MR. SEHRING:** That's Dorothy's mother in there. I took them all for our 50<sup>th</sup> anniversary to Atlantis.

MRS. GARTNER: Atlantis? Where's that?

**MR. SEHRING:** In the Bahamas.

MRS. GARTNER: Yes, put it here. So this is a picture — would you mind telling me again?

**MR. SEHRING:** It's really pretty much the whole family. One ex-wife of my one son.

MRS. GARTNER: And all your grandchildren?

**MR. SEHRING:** And all the grandchildren.

MRS. GARTNER: I got that.

**MR. SEHRING:** And those are the ones Jerry took when I retired, and pictures Dorothy had sent him.

DR. GARTNER: Right. They're good ones.

**MR. SEHRING:** That's obviously at Ross.

DR. GARTNER: That's you in the office.

**MR. SEHRING:** Yes.

DR. GARTNER: Around what year do you think?

**MR. SEHRING:** I would have said 1990.

MRS. GARTNER: What have we got next?

DR. GARTNER: We have an earlier one of a boy with dog.

**MR. SEHRING:** Nancy is the dog's name.

MRS. GARTNER: And that's Nancy?

**MR. SEHRING:** And that's while we were living in Jamaica, in Queens.

MRS. GARTNER: And how old were you there?

**MR. SEHRING:** And I would have said I was about 13.

MRS. GARTNER: I love that one.

DR. GARTNER: Yes. In your band uniform.

**MR. SEHRING:** And I was at something like 11, or 12.

MRS. GARTNER: You were in the band?

**MR. SEHRING:** Band and orchestra. I'm looking at my shoes. They're not very nice looking.

[Laughter]

MRS. GARTNER: Should we go down and show your shoes? There we go. And this was the clarinet, right?

**MR. SEHRING:** Right. I played clarinet for about 8 years.

DR. GARTNER: Think you could play it now?

**MR. SEHRING:** No.

[Laughter]

DR. GARTNER: Here we have the basketball star.

**MR. SEHRING:** Okay, this would have been about 1949-1950.

MRS. GARTNER: Playing Iona.

**MR. SEHRING:** Playing Iona.

MRS. GARTNER: And you were with?

DR. GARTNER: It says Queens.

**MR. SEHRING: About the only team that can win the NCAA [National Collegiate Athletic Association] championship and NIT [National Invitation Tournament] in one year — CCNY, in 1950-51. We played them in 1949-1950.**

DR. GARTNER: Iona was the one in Westchester, wasn't it?

**MR. SEHRING: Iona is in Westchester.**

DR. GARTNER: New Rochelle. That's where the twin boys went.

**MR. SEHRING: It's a Catholic school.**

DR. GARTNER: Yes, yes. Our neighbors were students there. Okay. And now we have — let's see.

**MR. SEHRING: This looks like Christmas in about 1950, 1952.**

DR. GARTNER: Good picture.

**MR. SEHRING: It looks like it's her mother's house.**

MRS. GARTNER: And you both look very young.

**MR. SEHRING: You mean I don't look that young anymore? [Laughs]**

MRS. GARTNER: Not quite. [Laughs]

**MR. SEHRING: Not quite.**

**That's the one over there. This was, I guess, the wedding. Dorothy says, "I never would blink like that."**

MRS. GARTNER: You were winking? That's cute.

**MR. SEHRING: I'm sure the photographer told me to do that.**

[Laughter]

**MR. SEHRING:** Those are 2 nurses, 3 secretaries, and a writer, and the young man that was my associate. And they had these tee shirts made.

MRS. GARTNER: That's very cute.

**MR. SEHRING:** These were done in Greece, in the hotel lobby. You don't need those.

MRS. GARTNER: Well, I haven't got enough light there actually, so all right, I will shut this off. Are we finished with the camcorder?

**MR. SEHRING:** I think you've gotten enough of Dewey Sehring. [Laughs]

DR. GARTNER: Good. Okay.

**MR. SEHRING:** I'll tell you, it's just nice to be with both of you and to reminisce with Larry about some things.

DR. GARTNER: Well, for the record, I want to thank you very much for a wonderful interview, and it was good fun.

MRS. GARTNER: For what record?

DR. GARTNER: For this record. I'm recording.

[Laughter]

Which I'm now going to shut off.

[End of Interview]



## Index

### A

**Abbott Laboratories**, 13, 35, 36, 53, 54, 57, 58, 93, 94  
**Adcock, Eugene W. III**, 23  
**Alacta**, 20  
**Aldrich, Robert A.**, 42, 53  
**Alexander, Duane**, 42, 47, 70  
**Ambulatory Pediatric Association**, 15, 38, 93  
**American Academy of Family Physicians**, 13  
**American Academy of Pediatrics**, 13, 18, 35, 41, 55, 63, 68, 69, 79, 84, 93  
**American Academy of Pediatrics Section on Perinatal Pediatrics**, 1, 93  
**American College of Obstetricians and Gynecologists**, 13  
**American Pediatric Society**, 13, 55  
**Apgar, Virginia**, 18  
**Arnold, Douglas**, 9  
**Avery, Mary Ellen**, 49, 53, 61

### B

**Barnett, Henry**, 11, 12  
**Barron, Donald H.**, 56  
**basketball**, 2, 3, 29, 96  
**Battaglia, Frederick C.**, 21, 23, 33, 56  
**Bauer, Charles R.**, 17  
**Bell, Edward F.**, 82  
**Berkowitz, Carol D.**, 41  
**Blacklick, Ohio**, 1  
**Bowman Gray School of Medicine**, 3, 4  
**Bradford, William L.**, 10  
**breastfeeding**, 15, 16, 61, 73, 77, 78, 92  
**Brooklyn, New York**, 1, 3  
**Brusilow, Saul**, 63  
**Buffalo, New York**, 9, 10, 11, 25, 40, 47, 48, 50, 52, 63  
**Butler, Allan M.**, 12, 54  
**Butterfield, Joseph L.**, 18, 22, 55

### C

**Cablevision Systems Corporation**, 29, 30, 31  
**Calcagno, Philip L.**, 10, 11  
**Children's Hospital Boston**, 50  
**Children's Hospital of Buffalo**, 10  
**City College of New York**, 3, 97  
**Cleveland Clinic**, 40

**Collyer, Bud**, 4  
**Columbus Academy**, 56  
**Columbus, Ohio**, 1, 5, 7, 28, 40, 53  
**Cooke, Robert E.**, 7, 63  
**Cornblath, Marvin**, 21, 68, 89  
**Cousy, Bob**, 2  
**Cox, David**, 12, 14, 42, 54, 74, 77, 78  
**Cox, Warren M. Jr.**, 12

### D

**Darrow, Daniel Cady**, 7  
**Day, Richard L.**, 67, 68  
**DeAngelis, Catherine D.**, 37, 38, 40, 42, 79  
**Dextri-Maltose**, 9  
**Diamond, Louis K.**, 8, 9, 14, 19, 59  
**Drake Bakeries**, 5  
**Dunphy, Donal**, 7, 10

### E

**East Elmhurst, New York**, 1, 2  
**Edelman, Chester M.**, 11  
**Eisenberg, Bernard**, 40, 63  
**Elliott, Jerry**, 39  
**exchange transfusion**, 8, 11

### F

**Filer, Lloyd J.**, 11, 12  
**Fleiss, Heidi**, 16  
**Fleiss, Paul M.**, 16, 17  
**Fraad, Lewis M.**, 15  
**Freeman, Paul**, 24  
**Fujiwara, Tetsura**, 53

### G

**Gabbe, Steven G.**, 32, 33, 90  
**Gaull, Gerald Edward**, 48  
**Gee, E. Gordon**, 33  
**Gellis, Sydney**, 68  
**George Armstrong Award**, 38, 54  
**Gluck, Louis**, 52  
**Goodman, Benny**, 2  
**Gordon, Harry H.**, 20, 21, 22, 59  
**Graz, Charles**, 29

## H

Hackman, Mark, 44  
Haller, Alex J. Jr., 63  
Hellegers, Andre E., 56  
histoplasmosis, 25  
Holder, Eric, 1  
Honor Legion Boys' Band, 2  
Hot Topics, 34, 51, 57, 58, 65  
Howland Award, 14, 18, 19, 20, 21, 81

## I

International Pediatric Association, 94

## J

Jamaica, New York, 2, 4, 6  
James, Stanley L., 8, 10, 13, 17, 18, 21, 67, 83  
Johnson & Johnson, 35  
Johnson, Clint, 36, 38, 82  
Johnson, Rebecca, 82

## K

Kattwinkel, John, 70  
Kempe, Henry, 21, 23, 89  
Kennedy, Edward M., 30  
Korones, Sheldon B., 50, 64  
Kretchmer, Norman, 89  
Kupka (artist), 2

## L

La Leche League, 16  
Landmarks in Perinatology/Neonatology, 67  
Landon, Mark, 33  
Lawrence, Ruth, 15, 16, 17, 78  
Lessey, Joe, 90  
Levine, Samuel Z., 21  
Long Island Daily Press League (basketball), 2  
Lowe, Charles U., 47, 48  
Lucey, Jerold F., 10, 11, 21, 34, 50, 51, 53, 58, 61, 64, 68, 70, 91, 92, 94

## M

M & R Dietetic Laboratories, 5, 6, 12  
Mackie, Thomas T., 3, 4  
Markowitz, Milton, 14  
May, Charles D., 12  
McCullough, Gary E., 37  
McKay, R. James Jr., 10, 11, 92  
McLaughlin (Uncle), 3

Mead Johnson & Company, 9, 12, 20, 39, 55, 56, 74  
Miller, Glenn, 2  
Minor, James V., 8  
Moores, Harry C., 7  
Morriss, Frank H. Jr., 23, 68

## N

National Medical Association, 13, 48  
National Perinatal Association, 93  
North Carolina Baptist Hospital, 4  
Norwalk, Connecticut, 6, 7, 8, 43

## O

O'Dell, Gerald B., 61  
Obama, Barack, 30  
Ohio State University, 28, 32, 33, 40  
Oliver, Thomas K. Jr., 11, 21, 89  
Olmstead, Richard, 7

## P

Panebianco, Dr., 23  
Pansing, Tom, 90  
Parks, Bert, 4, 5  
Patterson, Paul R., 10  
Patton, Donald V., 37  
Perinatal Research Society, 39, 49, 56  
Powers, Grover F., 7, 59  
Princess Grace of Monaco, 58  
Public School 127 (New York City), 1

## Q

Queens College, 2, 3, 4

## R

Rainbow Media Holdings, 29  
Richard M. Ross Heart Hospital, 40, 55  
Richmond, Julius, 10  
Riverside Methodist Hospital, 40  
Rock, Dave, 36  
Ross Conferences, 8, 12, 13, 14, 22, 36, 49, 54, 55, 58, 62, 84  
Ross Laboratories, 1, 11, 12, 13, 15, 20, 35, 36, 39, 50, 52, 54, 57, 74, 77, 78, 79, 82, 93, 95  
Ross, Richard M., 7, 12, 54  
Ross, Stanley Melvin, 7, 12  
Rubin, Mitchell I., 10, 11

## S

**Sabiston, David C.**, 63  
**Sackett, Herb**, 5  
**Schulman, Irving**, 21  
**Sears, Roebuck and Co.**, 4, 5  
**Sehring, Brook**, 31  
**Sehring, Christopher**, 8, 25, 27, 29, 31  
**Sehring, David A.**, 30, 31  
**Sehring, Dorothy (Graz)**, 4, 5, 8, 9, 15, 24, 28, 44, 46, 64, 65, 70, 84, 95, 97  
**Sehring, Jamie**, 30  
**Sehring, Jenifer**, 8, 20, 27, 28, 32, 86  
**Sehring, Jonathan**, 28, 29, 30  
**Sehringer (Grandmother)**, 3  
**Selkirk, George H.**, 11  
**Senn, Milton J. E.**, 7  
**Shifley, Caroline**, 32  
**Shifley, Daniel**, 31  
**Shifley, Michael J.**, 31  
**Shifley, Monica (Sehring)**, 30, 31, 32  
**shingles**, 4  
**Shumway, Norman E.**, 11  
**Silverman, William A.**, 13, 67, 68, 81  
**Similac**, 7, 9  
**Simmons, Michael**, 23, 56  
**Smith, Clement A.**, 50, 61  
**Social Security**, 46  
**Society for Pediatric Research**, 13, 55  
**Society of Perinatal Obstetricians**, 32, 33, 51, 93  
**Southern Society for Pediatric Research**, 92  
**St. Joseph's Hospital, Stamford, Connecticut**, 8  
**Stahlman, Mildred T.**, 61  
**Stern, Leo**, 49, 50

**Sunshine, Philip**, 55  
**Survanta**, 53, 57

## T

**Tella, Ralph**, 8  
**Tooley, William H.**, 13, 17, 67

## U

**US Air Force**, 2, 6, 24  
**US National Institute of Child Health and Human Development**, 42, 47, 48, 63, 93, 94  
**US National Institutes of Health**, 93

## V

**Virginia Apgar Award**, 13, 17, 18, 19, 20, 67, 68

## W

**Weinberg, Alan**, 44  
**Wessel, David**, 62  
**Wessel, Morris A.**, 62  
**Wexner, Leslie H.**, 33  
**Women, Infants, and Children Program**, 74, 75

## Y

**Yale School of Medicine**, 6, 7, 52, 53, 61, 62, 63, 90  
**Yawitz, Elizabeth**, 31

## **AN AFFAIR WITH PEDIATRICS: 40 YEARS RE-VISITED**

DR. HERROD, MEMBERS OF THE SOUTHERN SOCIETY FOR PEDIATRIC RESEARCH, AND FRIENDS. THIS IS A SINGULAR PRIVILEGE FOR ME TO ADDRESS THE DISTINGUISHED MEMBERSHIP OF THE SSPR AT IT'S 29TH ANNUAL MEETING. I'VE BEEN ATTENDING APPROXIMATELY 25 YEARS. I WANT TO THANK DR. HERROD FOR ASKING ME TO BE PART OF THE PRESIDENTIAL SYMPOSIUM. I SUSPECT HIS REASON IS HIS KNOWLEDGE THAT IN JULY OF THIS YEAR I WILL BE RETIRING FROM ROSS LABORATORIES AFTER APPROXIMATELY 40 YEARS...AND 40 YEARS OF SERVICE TO PEDIATRICS.

PERHAPS YOU SHOULD KNOW SOMETHING OF MY BACKGROUND. POST COLLEGE (I WAS A PRE-MED MAJOR) I WAS EMPLOYED AS A TECHNICIAN IN THE PARASITOLOGY LAB DURING THE SUMMER OF 1950 AT THE BOWMAN GRAY SCHOOL OF MEDICINE, HOPING FOR ACCEPTANCE TO MEDICAL SCHOOL IN THE FALL OF '51. I WAS YOUNG, IN LOVE, AND AFTER THREE HOT MONTHS OF STOOL GAZING, I DECIDED IT WAS NOT FOR ME AND RETURNED HOME TO NEW YORK CITY WHERE MY FUTURE WIFE, DOROTHY, WAS FINISHING HER DEGREE IN EDUCATION.

IT WAS THEN I WAS HIRED BY ROSS, MARRIED DOROTHY, HAD MY FIRST OF FIVE CHILDREN NINE MONTHS LATER, AND BEGAN MY LOVE AFFAIR WITH PEDIATRICS.

I FIRST BECAME INFATUATED IN 1951 AS A MEDICAL SALES REPRESENTATIVE AT THE YALE UNIVERSITY MEDICAL CENTER.

DR. GROVER POWERS HAD JUST RETIRED AND DR. MILTON SENN HAD ASSUMED THE CHAIR IN PEDIATRICS. NAMES LIKE PARK, HOWLAND, DARROW, AND POWERS WERE PART OF THE EVERYDAY CONVERSATION OF THE HOUSE STAFF, AND THE JUNIOR AND SENIOR FACULTY. I WAS 21 YEARS OLD, GREEN AS GRASS, YET THOSE PEDIATRICIANS WERE MY MENTORS AND HELPED ME UNDERSTAND THE SIGNIFICANCE OF THE HISTORICAL FIGURES IN PEDIATRICS. THEY EDUCATED ME IN THE IMPORTANCE OF RESEARCH AND THE CHALLENGE AND JOY TO BE EXPERIENCED IN CARING FOR INFANTS AND CHILDREN, AS WELL AS THE DOWNSIDES WHEN CONFRONTED BY INFANTS AND CHILDREN AT RISK WITH SIGNIFICANT DISEASE. WHAT A GIFT THEY GAVE ME. I BEGAN TO SEE THE SCOPE, THE NOBILITY, THE IMPORTANCE OF YOUR PROFESSION, AND AS A RESULT, I VIEWED MINE WITH HIGHER ASPIRATIONS AND GREATER APPRECIATION.

EMILY DICKINSON, WROTE THAT "TRUTH MUST DAZZLE GRADUALLY, LEST WE ALL BE BLIND!" I LIKE THAT QUOTE. TRUTH DOESN'T MATERIALIZE SUDDENLY! IT RESULTS FROM EXPOSURE TO EXPERIENCES IN LIFE IN SMALL DOSES AND WHEN AND WHERE YOU LEAST EXPECT IT. PEDIATRICS AND PEDIATRICIANS HAVE ENLIGHTENED AND ENLISTED ME TO THE CAUSE. I'VE BEEN ELATED BY YOUR "HEALING" EFFORTS. I'VE SHARED VICARIOUSLY YOUR JOYS AND DISAPPOINTMENTS. I'VE BEEN SINCERELY HAPPY TO LEARN OF A GRANT RECEIVED, A PAPER ACCEPTED, AN AWARD GIVEN...AND I'VE BEEN SADDENED TO LEARN OF THE LOSS OF AN INFANT, A DIVORCE, THE DEATH OF A PHYSICIAN FRIEND. PEDIATRICS BECAME PART OF ME. IN FACT, DOROTHY WOULD SOMETIMES REMARK THAT SHE WISHED SHE WERE A PEDIATRICIAN, SO I'D TAKE HER OUT TO DINNER MORE OFTEN.

I'D LIKE TO ILLUSTRATE A SERIES OF CHANGES AND TRENDS I HAVE EXPERIENCED SINCE THE EARLY '50's. TOTAL U.S. POPULATION IN 1950 WAS ABOUT 151,000,000. BIRTHS WERE 3,600,000. INFANT MORTALITY WAS 29.2/1,000 LIVE BIRTHS. IN 1989 POPULATION IS APPROXIMATELY 245,000,000 (62% INCREASE), BIRTHS 4,000,000 (11% INCREASE) AND INFANT MORTALITY ABOUT 10/1,000 LIVE BIRTHS (66% DECREASE).

**[SLIDES 1 - 3]**

JUST AS THESE STATISTICS HAVE CHANGED OVER THE YEARS, SO HAVE MY PERCEPTIONS AND ABILITIES.

EACH STEP ALONG THE WAY HAS BEEN A LEARNING EXPERIENCE. EACH PEDIATRICIAN I MET CONTRIBUTED TO MY EDUCATION. I WAS FORTUNATE TO HAVE EXPOSURE TO 6 UNIVERSITY MEDICAL CENTERS IN MY EARLY YEARS. WHEN I NEEDED INFORMATION AND INSIGHT INTO MEDICAL ISSUES, I HAD EXPERTS AT HAND, WILLING TO HELP. I DID NOT HAVE TO CALL THE HOME OFFICE FOR CONSULTATION. I LEARNED QUICKLY THAT THE BIGGEST COMPLIMENT YOU COULD PAY ANYONE WAS TO ASK HIS OR HER ADVICE, AND BELIEVE ME, I SOUGHT MUCH ADVICE!

I'VE SEEN MY ROLE AS AN OMBUDSMAN, REPRESENTING ROSS LABORATORIES TO YOU, YET REPRESENTING YOU AND PEDIATRICS TO ROSS IN THE INTEREST OF BETTER PATIENT CARE. I STILL BELIEVE WHAT'S GOOD FOR PEDIATRICS IS GOOD FOR MY COMPANY.

THESE SLIDES MAY INTEREST YOU, AS I RECALLED TERMINOLOGY USED THEN AND NOW.

**[SLIDES 4-5]**

IN 1962 I LEFT THE SALES FORCE AND WENT TO COLUMBUS, OHIO TO BECOME ASSISTANT TO THE MEDICAL DIRECTOR, AS WELL AS TO THE PRESIDENT. THESE POSITIONS GAVE ME GREATER EXPOSURE TO THE PEDIATRIC ACADEMIC COMMUNITY. I WAS RESPONSIBLE FOR MUCH OF THE CORRESPONDENCE BETWEEN PEDIATRICIANS AND ROSS LABORATORIES, AND THROUGH THE TUTELAGE OF OUR THEN MEDICAL DIRECTOR, DR. JACK FILER, BECAME QUITE PROFICIENT AT ANSWERING QUESTIONS ABOUT OUR PRODUCTS. BUT MORE IMPORTANTLY, IN 1964 I WAS GIVEN THE RESPONSIBILITY TO FORM MY OWN DEPARTMENT OF PROFESSIONAL SERVICES AND ASSUME THE DIRECTORSHIP OF THE ROSS CONFERENCES ON PEDIATRIC RESEARCH. THE CONFERENCE PROGRAM HAD ALREADY BEEN RECOGNIZED AS THE JEWEL OF THE ROSS SERVICE PROGRAMS. IT HAD AN OUTSTANDING REPUTATION AND WAS ORIENTED TO LOOKING AT UNSOLVED PROBLEMS IN PEDIATRICS THROUGH A SCIENTIFIC MEETING AND SUBSEQUENT DISSEMINATION WORLDWIDE OF A PUBLICATION TO



PEDIATRICIANS IN PRACTICE AND ACADEMIA. THE PURPOSE WAS TO BRING INFORMATION AT THE CUTTING EDGE TO THE WHOLE PEDIATRIC AUDIENCE. THE NEXT SLIDE LISTS SOME LANDMARK REPORTS.

**[SLIDE 6]**

THE ROSS CONFERENCES ON PEDIATRIC RESEARCH CAME ABOUT THROUGH THE RECOMMENDATION OF DR. ALLAN BUTLER, PROFESSOR OF PEDIATRICS AT HARVARD IN THE EARLY '50'S.

THIS SLIDE ILLUSTRATES HIS ADVICE TO DAVE COX, ANOTHER MENTOR OF MINE AT ROSS LABORATORIES, WHICH HAD A PROFOUND EFFECT ON MY PERSONAL AND PROFESSIONAL VALUES.

**[SLIDE 7]**

“HELP THE PEDIATRICIAN IDENTIFY WITH THE HIGHEST PRINCIPLES OF HIS PROFESSION...”

IN MANY WAYS THE CONFERENCE TOPICS REFLECT THE CHANGING ISSUES IN PEDIATRICS. THE 100TH CONFERENCE TITLED **THE NORMAL NEWBORN: A CURRENT LOOK** WILL BE HELD IN MAY OF 1990. IT WILL BE MY LAST ROSS CONFERENCE. THIS TOPIC HAS SPECIAL SIGNIFICANCE SINCE I FEEL THE NORMAL NEWBORN IS THE FOUNDATION OF PEDIATRICS AND PEDIATRIC PRACTICE. MAINLY, TOPICS COME TO US FROM YOU, AND THAT ACCOUNTS FOR THE CREDIBILITY AND STRENGTH OF THE SERIES. THE PROGRAM HAS ALSO PROVIDED A FORUM FOR INTERACTION AMONG ACADEMICIANS, GOVERNMENT AND INDUSTRY.

OVER 4,000 PHYSICIANS, SCIENTISTS AND EDUCATORS HAVE PARTICIPATED IN THE CONFERENCES. MORE THAN FIVE AND 1/2 MILLION COPIES OF THE REPORTS HAVE BEEN DISTRIBUTED. THE COST OF THE PROGRAM SINCE INCEPTION IS OVER 6 MILLION DOLLARS. I OWE A DEBT TO MANY OF YOU WHO HAVE CONTRIBUTED TO THE EFFORT.

HAVING MY OWN DEPARTMENT AND BUDGET, AND HAVING THE TRUST AND CONFIDENCE OF THE MANAGEMENT OF ROSS LABORATORIES HAS ALLOWED ME FREEDOM TO DO MANY THINGS. I HAVE LEARNED OF UNRESOLVED ISSUES THROUGH MY RELATIONSHIPS WITH MANY OF YOU AND HAVE ASSIMILATED AND INTEGRATED THE INFORMATION FROM THESE CONTACTS INTO A VARIETY OF SERVICES AND PROJECTS. LET ME ILLUSTRATE SOME OF THESE ITEMS:

**[SLIDE 8]**

ONE OF THE SERVICE PROGRAMS I BEGAN ABOUT 6 YEARS AGO WAS TO SURVEY PL3's FINISHING THEIR RESIDENCY TRAINING. IN 1989 WE SURVEYED 2,118 U.S. RESIDENTS AND RECEIVED A RESPONSE FROM 1,288 (61%). OF THAT NUMBER, 484 (37%) ARE PURSUING FELLOWSHIP TRAINING. THE LARGEST NUMBERS ARE NEONATOLOGY (95 - 20%); CARDIOLOGY (49 - 10%); HEM/ONC (42 - 9%); CRITICAL CARE (30 - 6%); EMERGENCY MEDICINE (28 - 6%); INFECTIOUS DISEASES (25 - 5%); ENDOCRINOLOGY (20 - 4%); GI/NUTRITION (19 - 4%); CHILD DEVELOPMENT/BEHAVIOR (19 - 4%) GENETICS (17 - 3.5%); NEPHROLOGY (16 - 3.5%); NEUROLOGY (14 - 3%); PULMONOLOGY (11 - 2%). THERE IS CONCERN THAT MANY OF THESE PHYSICIANS ARE PLANNING TO SET UP IN PRIVATE PRACTICE RATHER THAN PURSUING AN ACADEMIC CAREER.

I'VE BEEN MOST FORTUNATE TO BE ALLOWED TO BE PART OF PEDIATRICS ... TO BE INCLUDED IN MEETINGS, TO BE ASKED ADVICE, TO BE TAKEN INTO CONFIDENCES AS A COLLEAGUE...TO BE EDUCATED BY THE CONCEPTS THAT SHAPED YOUR LIVES. ONE I LEARNED FROM DR. WILLIAM SILVERMAN IS ILLUSTRATED BY THE CHAGALL PAINTING OF MAIMONEDES : "TEACH THY TONGUE TO SAY I DO NOT KNOW AND THOU SHALT PROGRESS."

**[SLIDE 9]**

A FEW YEARS AGO I WAS THE PROUD RECIPIENT OF A UNIQUE AWARD WHICH ENUMERATED SOME OF MY ACTIVITIES. THIS IS AN EXCERPT FROM THE AWARD.

**(SLIDE 10 - GREAT GUY OF VERMONT)**

I'M MOST PROUD OF THE COMMENT ON BREASTFEEDING.

I ENVY YOU THE FUTURE AND WISH I COULD CONTINUE TO SHARE IN YOUR EXPERIENCES AND SUCCESSES. MEDICINE IS CHANGING, YET THE YOUNG PEOPLE THAT I'VE MET PURSUING ACADEMIC CAREERS BODE WELL FOR WHAT'S AHEAD. THE COMING YEARS SHOULD BE CHALLENGING FOR PEDIATRICS. BUT I EXPECT THOSE CHALLENGES WILL BE FACED AND MET WITH THE SAME SACRIFICE, DEDICATION, INTELLIGENCE, AND COMPASSION THAT I HAVE SEEN IN PEDIATRICIANS OVER THESE PAST 40 YEARS. I ENCOURAGE EACH OF YOU TO ADOPT AND CULTIVATE A FOLLOWER/SUPPORTER FROM AMONG THE MEDICAL SALES MEN AND WOMEN YOU SEE ON A DAILY BASIS. LOOK FOR SOME SPECIAL CHARACTERISTIC IN AN INDIVIDUAL THAT MIGHT SOMEDAY RESULT IN THAT PERSON BRINGING A FAVORABLE INFLUENCE ON HIS OR HER COMPANY BY BEING IN A STRATEGIC POSITION. ENCOURAGE HIM OR HER TO READ JOURNALS AND TO ATTEND ROUNDS AND CONFERENCES. POSE QUESTIONS FOR INFORMATION TO SEE WHO FOLLOWS THROUGH. PROVIDE IDEAS FOR SERVICES AND PROGRAMS. YOU WILL BE HELPING THAT PERSON GROW AND LEARN...AND GIVING A GIFT THAT SOMEDAY MAY BE REPAID MANY TIMES OVER.

I EXPECT INDUSTRY TO CONTINUE TO BE A HELPFUL ALLY TO PEDIATRICS. INTEGRITY, ETHICS AND CREDIBILITY ARE AS IMPORTANT TO MANY OF US IN INDUSTRY AS THESE QUALITIES ARE IN YOUR PROFESSION. THEY ARE PRECIOUS COMMODITIES. IT IS MY HOPE THAT I LEAVE A LEGACY OF SERVICE, CREDIBILITY AND ETHICS IN REPRESENTING MY COMPANY, AND THAT OTHERS WILL CARRY THESE PRINCIPLES INTO THE FUTURE. THERE ARE ALWAYS PRESSURES TO CHANGE, BUT THERE ARE PRACTICES AND BEHAVIORS THAT NEED PRESERVING.

A FAVORITE SAYING OF MY WIFE'S COMES TO MIND AS I CLOSE...

"HAPPINESS AND SUCCESS LIE NOT AT THE END OF THE ROAD, BUT ALONG THE WAY. THE GOING IS THE GOAL!"

I'VE ENJOYED TRAVELING THE ROAD WITH YOU THESE 40 YEARS...THE GOING'S BEEN GREAT!

AND, IT'S BEEN A TERRIFIC AFFAIR!!

THANK YOU!

## Armstrong Lecture

May 5, 1997 - Washington, DC

### A CASE FOR A MEDICINE/INDUSTRY

### PEDIATRIC PARTNERSHIP

#### Introduction

Good afternoon, Dr Osborn, members of the Ambulatory Pediatric Association, and friends. I am highly honored to be here today, and I accept with much humility the Armstrong Award Lectureship. I am well aware of the previous recipients and their significant contributions to pediatrics. I've known most of them personally. In giving me this honor, Dr Osborn and the APA have chosen to stray from the more traditional awardee. I hope I can live up to

their expectations by making the case for a  
medicine/industry pediatric partnership.

The philosophic and marketing tone for Ross was  
established in the early 1950's by my company mentors,  
Dave Cox and the late Dr Jack Filer. It was founded on the  
sage advice of Dave's good friend and consultant, Dr Allan  
Butler, a past Armstrong and Howland Awardee. (Slide I -  
Butler quote) "Help the pediatrician identify with the  
highest principles of his profession by collating information  
not readily available on a pediatric problem and  
disseminating that information to physicians." This became  
the guiding principle for the Ross Conferences on Pediatric  
Research and much of what I tried to create in subsequent  
years. In 1964 I formed the Department of Professional



Services within the Ross Medical Department and began the most rewarding part of my career.

For the next 26 years, I had unlimited opportunity to work with pediatricians and a number of pediatric and obstetric organizations. Many of the Ross service programs created during these years were inspired by my pediatric consultants who saw that working with industry could lead to better health care for infants and children. Slides II and III illustrate examples of programs developed during these years. The fact that many of these services continue demonstrates that they fill an ongoing need.

The pediatricians who advised us so enthusiastically and willingly did so without financial compensation. Their

suggestions weren't limited to educational services. New product development was also stimulated by this relationship between academia and industry. For example, some neonatologists, most notably Dr Jerold Lucey, suggested that there was an opportunity for my company to research and promote a surfactant product that would benefit high-risk newborns and prevent lung disease. After many years of investigation and trials, we introduced a product that has saved the lives of many low-birth-weight infants. This is not an isolated instance.

Dr Osborn challenged me to consider accepting this lectureship because she had a "personal concern about the negative attitudes of some members of the academic societies toward commerce and commercial-academic partnerships."

As she put it, "Medicine is changing rapidly, and I feel such partnerships are essential if pediatrics is to successfully deliver high-quality health care to children."

Many of you remember the days of the infant-formula controversy, the discussions as to whether it was appropriate to accept funds from industry, and other issues aired within the Ambulatory Pediatric Association. (The APA has never been bashful about addressing controversial issues.)

Why might medical societies have a negative attitude toward industry? A former colleague suggested that physicians are educated with an anti-business bias. Whereas scientists trained as PhDs generally end up in industry, physicians are trained for careers in clinical practice or academic medicine.

Industry is different today from when I began working 46 years ago. Today, younger, well-trained physicians who are fully capable of making it in both clinical practice and academics are looking at an alternative career pathway as a means of contributing to the large health care industry. Again, my former colleague believes that the academic community views industry physicians and scientists with a certain arrogance--"We know what you're doing; we know where you're coming from!" But do you? Learn why they propose certain approaches; convince them otherwise if you disagree, but have an exchange of ideas--for the sake of better patient care.

The thrust of this talk, is for a medicine/industry partnership and the benefits it will bring. Now is a time for synergism. American medicine is the best in the world! The American pharmaceutical industry is the best in the world! In combination, they can produce the best health care benefits in the world! It is a natural alliance.

To make this a generic presentation, I surveyed 83 companies that promote products to pediatricians and that exhibit their products at the American Academy of Pediatrics and Pediatric Academic Societies meetings. Twenty-nine companies responded (35%). Twenty-seven indicated they interact with the pediatric societies, with 14 saying they had had three or more contacts in the last 3

years. Generally, the company contact person is in upper management.

The areas of involvement are product exhibits, educational grants, support of research efforts, sponsorship of conferences, product development, and "cause" marketing.

The respondents expressed the need for a stronger partnership between industry and the pediatric societies, for reasons ranging from improving quality and effectiveness of products, to introducing more pediatric products, to aiding in understanding and furthering research and to ensuring that products fit market needs.

Cautions were few, but concern about the "risk of appearing too cozy" to the uneducated observer was mentioned as well as a belief that any financially influential relationship should be clearly stated for speakers, authors, and investigators.

Incidentally, 16 of the 29 responders were unaware of any society guidelines with respect to interactions/relationships with industry. This suggests that such guidelines should be sent annually to the companies.

Another pediatric mentor , Dr Robert Aldrich (a former Director of the National Institutes of Child Health and Human Development), believed that progress in pediatric care is the result of a triangle consisting of academia, industry, and government working together--and providing

checks on each other--to improve health care for the pediatric population. To determine what triangular activities might exist today, I contacted Dr Duane Alexander, current Director of NICHD.

Dr Alexander states that "Partnerships and interaction with industry have been extremely important to the NICHD over the years . . . It has facilitated research, saved government funds, helped interest physicians in science . . . trained them for research and made NICHD more effective."

He provided a few examples:

- 1) Providing Drugs or Products for Research. Growth hormone provided by Lilly and Genentech for a wide variety of growth-stimulating studies; immunoglobulins



provided by Cutter for the first pediatric AIDS clinical trial and by Sandoz for the study of routine use in low-birth-weight newborns in the NICHD network trial.

- 2) Picking Up Products From Research for Manufacture and Phase 3 Trials. Countless examples--surfactant for one . . . also efforts to provide a product that research has shown effective even when it does not make a profit, such as low-phenylalanine formulas for PKU, and orphan-disease drugs, such as cysteamine for cystinosis.
- 3) Support for Conferences. Industry-initiated or industry support for large scientific meetings or smaller topic-oriented conferences.
- 4) Support for Research Training. Scientist development program.

5) Pediatric Pharmacology Research Network. Provides funds and drugs to obtain labeling for a pediatric indication and bring an end to children as "therapeutic orphans."

6) Assistance in Gathering Data. Surveys for business purposes also furnish data useful for research.

Recently Ross, in its survey of new mothers, gathered information on infant sleep positions for the NICHD "Back to Sleep" campaign to reduce the risk of SIDS. Such data track awareness and any change in infant sleep-position practices.

7) Corporate Assistance with Publicizing a Public Health Message. ("Cause" Marketing) An upcoming example is Gerber's printing the "Back to Sleep" message to

reduce the risk of SIDS on the back of 3 million rice cereal boxes. (Slide IV)

As a result of another recent collaboration, Ross received the Every Child By Two Corporate Involvement Award in recognition of the company's Immunization Outreach Program. To help physicians meet the immunization goals of the Centers for Disease Control and Prevention, the AAP, and the AAFP, Ross developed and distributed parent-education materials. (Slide V)

Above and beyond dollars, industry offers strengths in creative writing, artistic talents to enhance public service efforts, marketing research through focus groups, and economies of scale in production of materials. The next slide

(Slide VI) summarizes some of the reasons for supporting a partnership.

Still, some remain skeptical of alliances. In his Farewell Address, President Eisenhower expressed concern about the potential rise of misplaced power from a military/industrial complex. His cautions and suggestions are noteworthy.

There is "the need to maintain balance between the private and public economy, balance between cost and hoped-for advantage--balance between the clearly necessary and the comfortably desirable."

"We must guard against the acquisition of unwarranted influence, whether sought or unsought . . . "

And finally, "Together we must learn how to compose differences . . . with intellect and decent purpose."

Such insightful advice seems appropriate for a medicine/industry alliance, too! Yet we must be alert to potential abuse of the public trust. Witness the recent scandal in Japan involving government, medicine, and industry relative to the use of non-heat-treated blood in hemophiliacs, which resulted in many cases of AIDS.

Apprehension about alliances became stronger as I was beginning my retirement. Efforts were starting to limit individual companies from supporting educational services. Instead, through collective funding, the societies wanted to decide how best to fund their educational programs. They

were asking for contributions to a "general" educational fund--with credit given to each contributor company by name.

To me this "collectivism" is antithetical to our system of doing business. Were I still working, I would want my company in most situations to be solely identified with the innovation. I would prefer not to be part of an amalgam of firms. The desire for innovation causes companies to vie with one another to produce the best contribution to medical care. Competition raises the bar.

I observed many wonderful educational efforts by companies during my tenure. Industry people are highly dedicated to producing meaningful services. Yet, those very

educational efforts are sometimes criticized by those who are concerned about companies paying for doctors' appearances at meetings or giving doctors gifts in exchange for prescribing their products. I share these concerns. For example, there are proper ways to hold and support conferences: Participants should receive only travel and lodging reimbursement. Spouses or children should not be invited to accompany physicians as an inducement to attend or to prescribe the sponsor's products. I did pay a small honorarium as a "carrot" to Ross Conference presenters in order to get papers completed for timely publication.

The juxtaposition of ethical and commercial issues will always present conflict. We need to determine in our own minds what is ethical. Sir Adrian Cadbury writes in the

Harvard Business Review, "Actions are unethical if they won't stand scrutiny. There are no simple rules. Those who make business decisions have to assess the economic and social consequences of their actions as best as they can . . . ."

My survey shows that many companies have statements of business principles, as do many medical organizations.

Again quoting Cadbury, "We judge companies and managers by their actions, not their pious statements of intent. The people who make up the company are responsible for its conduct and it is their collective actions which determine the company's standards . . . The character of a company is a matter of importance to those in it, to those who do business with it, and to those who are considering joining it."



Amitai Etzioni, author of The Moral Dimension, in an article in the New York Times, states that "Unethical behavior . . . tarnishes an industry's reputation and drives out customers. It is an effect that lingers for years."

Earlier, I referred to the concern about excessive promotional expenses. Some might ask, Wouldn't we be better off if those dollars were spent to reduce the cost of goods to patients? Physicians shouldn't prescribe a product if it's not as good as or better than another company's product. Price is a factor that must be considered, but quality should not be sacrificed to/for price. There's nothing bad about making a profit, but ethics and standards needn't suffer because of it.

**What about concerns and challenges for the future?**

**Medicine faces many challenges . . . as does industry . . . and government. Medicine today is big business. Managed care is forcing patients to go where procedures are often cheapest, not necessarily the best. Decisions are being made to keep the institutional doors open, rather than providing what is necessarily best for the patient or for the institution. This surely concerns all of us! Recent articles in the Wall Street Journal have compared the soliciting of patients to war. Intra-city rivalries are now raging among medical centers and doctors! Physicians are being referred to as a vested elite!**

In light of these challenges, how can a synergistic relationship between the health care industry and health care providers be achieved? I propose a process of pediatric society activism to engage corporations. An organization such as the APA should develop an inventory of companies. (Slide VII and VIII) Write these companies and explain why you want information. A designated member of the society should arrange a visit to familiarize management with what the society stands for. It is significant that 19 of the 29 respondents to my survey have not been visited in the last 3 years. I suspect that they never have been visited. Such visits, which the society should pay for, should be an effort to meet key people, to review the company's facilities, and to evaluate the company and determine whether the society wants to interact with it. The society and its members

should be able to support those that meet your criteria for good practices and commitment. You should plan to monitor each company's efforts continually.

The pharmaceutical industry invests about 10% of its R&D budget, or \$1.5 billion, in academic institutions annually.

Although small in comparison with NIH funding of \$15 billion, it nonetheless constitutes about 11.5% of institutional R&D funds. Government budget restrictions could make such privately funded research even more significant.

I hope in the next millennium positive alliances can be forged, that mutual respect, trust and overt cooperation can be achieved, that each partner will openly criticize the other, and that all this results in better health care, support for

public education, support for professional education, and superior products at fair prices.

In the past, I strongly advocated the ethical approach to promoting products through the physician, rather than directly to the consumer. Some of you did not feel threatened by efforts to promote directly to consumers.

Patients are becoming increasingly sophisticated, and many of them demand and expect more information about their health status and the prescribed treatment. But is the answer more direct marketing to the public by drug manufacturers? As more and more new drugs are introduced, there are increased efforts to create consumer demand by placing ads in the print media that raise questions about health status. Recently on MoneyTalk

(CNBC), it was shown that spending for drug advertising increased from \$40 million in 1989 to \$300 million in 1994 to a staggering \$600 million in 1996. Today more drug advertising seems to appear in consumer publications than in medical journals.

Perhaps we can't go back to the ethical promotion I found appropriate, but cooperation between physicians and industry is essential. Patients deserve to know more about their health care, and they need the wisdom and experience of doctors who serve their best interests, not doctors who are "pressured" into action by outside forces.

Common challenges and common concerns lie ahead for medicine, industry, and government. It is imperative that

we renew the public's confidence in our institutions! Here is a list of those challenges/concerns. (Slide IX) As the public is being exposed to more and more health claims under the banner of patient empowerment and self-treatment, who is to evaluate scientific accuracy and credibility, especially for the pediatric population? It is extremely important that both the pharmaceutical industry and the medical community help do so as the claims increase for various forms of alternative care (what the government calls "other professional medical services") and alternative treatments (eg, acupuncture, massage therapy, reflexology, meditation, hypnotherapy, herbal therapy, etc). Will such treatments replace effective known procedures? And although spending for alternative treatments will be in the billions (it has surged 69% since 1989 and reached \$98 billion in 1996),

will some HMOs view it as a way to reduce costs? I've read that there are now millions more visits to alternative sources of health care than to the more traditional sources.

I have appreciated my opportunity to work with pediatricians and their organizations and recognize that our collaborations resulted in this recognition you have given me. I hope that some of my suggestions help to forge a stronger partnership between industry and pediatric medicine to provide the very best health benefits for the children in your care. As Dr Steve Shelov said in closing last year's lecture, "The route to success . . . is identifying our essential allies . . . and through collaboration, sharing of vision and purpose, accomplish those goals we have all strived for . . . " I believe the pharmaceutical industry is one



of those essential allies! It is a privilege to join with the APA  
in continuing George Armstrong's legacy of serving  
children. Thank you.